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UGANDA PROTECTORATE

Annual Report
of the
Medical Department


FOR THE YEAR ENDED 31ST DECEMBER, 1956

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UGANDA PROTECTORATE

MEDICAL DEPARTMENT

Annual Report

For the year ended 31st December, 1956

I.—GENERAL REVIEW

1. In the early part of the year the Report of the Frazer Committee was published containing recommendations for future policy in regard to the development of the Medical and Health Services of the Protectorate.

2. A White Paper on the Report, prepared by the Government, was debated and accepted by Legislative Council in June.

3. A sum of £200,000 was included in the 1956/57 Estimates to permit implementation of recommendations which were immediately practicable. Plans were made for the setting up of new training schools for medical assistants, nursing orderlies, health inspectors, hygiene orderlies and midwives. Schemes were considered for the provision of much-needed housing to permit the recruitment of expatriate staff and to improve and add to the accommodation which already existed for locally trained officers. A schedule of buildings was drawn up detailing replacements, and of the additional essential ancillary buildings such as kitchens, stores and laundries, which were necessary for the efficient running of existing institutions.

4. In August a course was commenced for the training of Assistant Health Visitors, destined for posting to health centres in the provinces.

5. Devolution of Medical and Health Services to the Kabaka's Government took place in July but was confined in the first place to the Mengo and Mubende districts.

6. There were no serious outbreaks of infectious diseases although smallpox, generally in a modified form, continued to smoulder throughout the Protectorate.

7. The Regional Representative of U.N.I.C.E.F. established his headquarters in Uganda and numerous visitors from the World Health Organisation and U.N.I.C.E.F. visited the Protectorate either in connection with current projects, or schemes of assistance under consideration.

8. It is unfortunate that there is a growing tendency to mix politics and public health. Political agitators appear to derive satisfaction in misleading the less educated members of the population as to the purpose of public health measures initiated by Government. In Lango, one man, a former dispenser in the Medical Department, was sent to prison for his share in sabotaging a tuberculosis survey. In another area, considered to be the most advanced in the Protectorate, a leprosy survey was rendered impossible by the burning of the grass screens prepared for the examination of patients.

9. The spread of education, the increased use of information services and of broadcasting have not yet produced a population which is receptive of new ideas. The Medical Officer, Mengo, reports that considerable difficulty was encountered in trying to persuade mothers to bring their children for vaccination, despite the fact that smallpox is endemic in the area, and that the response to an offer of immunisation against poliomyelitis was most disappointing.

10. Arrangements were concluded by Makerere University College for visitors from the General Medical Council to visit Uganda in 1957 to assess the suitability of the diploma of L.M.S. (East Africa) for recognition in the United Kingdom.

11. Plans were also concluded for the Education Officer of the General Nursing Council of England and Wales to visit Uganda to advise on the training of nurses in general, and more especially on training up to State Registration Standard.

12. 1956 started as a year of high hopes but unfortunately towards the end of the year it became obvious that the shortage of housing would restrict immediate recruitment of staff, and that the financial situation would impose considerable limitation on the longer term improvement of health services recommended in the Frazer Report.

STAFF

13. In the 1956/57 Estimates the following new posts were created:—

- 1 Pharmacist.
- 1 Senior Accountant.
- 2 Male Mental Nurses.
- 4 Assistant Hospital Superintendents.
- 2 Health Inspectors.
- 1 Matron.
- 1 Male Tutor.
- 17 Nursing Sisters.
- 1 Radiographer.
- 1 Entomologist.
- 1 Entomological Field Officer.
- 2 Dental Surgeons.
- 1 Dental Mechanic.

14. Later in the year the one line vote designed to implement the Frazer recommendations permitted the following additional new posts to be created:—

- 1 Assistant Secretary.
- 1 Assistant Director of Medical Services (Training).
- 1 Ear, Nose and Throat Specialist.
- 8 Medical Officers.
- 1 Assistant Establishment Officer.
- 1 Personal Secretary.
- 3 Health Inspectors.
- 2 Health Visitors.
- 1 Clerk.
- 1 Nutritionist.

15. Dr. A. J. Boase, O.B.E., F.R.C.S., Senior Ophthalmic Specialist, retired after 33 years service, all of which was spent in Uganda.

16. The post of Senior Medical Officer in charge of the Health Education Section was filled by the promotion of a serving Medical Officer.

17. Two promotions were made to the posts of Senior Medical Officer (Clinical). These posts are designed to provide promotion for Medical Officers without consultant qualifications who prefer to retain as close contact as possible with clinical medicine rather than undertake purely administrative duties.

18. The medical staff at headquarters was at nominal full strength. With the short tour system, no reliefs were brought in to cover absences due to leave.

19. Early in 1956 a veto was placed on the recruitment of expatriate officers owing to a shortage of housing; approval to recruit became dependent on the permission of the Chief Secretary. At the end of the year the number of vacancies for Medical Officers was 21 but permission to recruit was limited to five posts only. It is disappointing to record that during 1956 only three expatriate Medical Officers arrived on first appointment.

20. The establishment of Nursing Sisters was increased by 17 to 87. At the end of the year there were 17 vacancies; however, temporary staff, locally engaged against these vacancies, permitted postings to the Kampala institutions.

21. Difficulty was experienced in filling vacancies for a Pharmacist and there were eight vacancies for Health Inspectors.

22. The numbers of trained ancillary staff continue to increase slowly. The position in regard to nursing and midwifery staff is shown in Table I:—

TABLE I

	Total 31-12-55	Re-engaged	Entered Government service following training	Left Government service	Total 31-12-56
Medical Assistants ..	243	—	10	10	243
Nurse/Midwives ..	40	6	17	12	51
Certificated Nurses ..	102	18	47	53	114
Midwives ..	135	25	45	41	164
Nursing Orderlies ..	115	—	26	3	138

23. Existing units are seriously understaffed and calculations made by the Frazer Committee give the following figures of staff required to bring existing Government Medical Units up to strength:—

Medical Assistants	...	...	122
Nursing Orderlies	...	...	178
Nurse/Midwives	...	...	20
Certificated Nurses	...	...	125
Midwives	...	...	58

24. Health Inspectors (E.A.) increased by four and Hygiene Orderlies by six.

25. VISITORS.

Colonial Office

Sir Eric Pridie, Chief Medical Officer.

Dr. R. A. Galley.

Mr. W. H. Ingrams, Adviser on Overseas Information.

Colonial Medical Research

Dr. R. Lewthwaite, Director.

Colonial Medical Research Committee

Dr. H. Lehmann.

Major-General Sir Gordon Covell.

Professor P. C. C. Garnham.

Great Ormond Street Hospital for Sick Children

Dr. W. W. Payne, Consultant Chemical Pathologist.

Miss G. M. Kirby, Matron.

Sir Arthur Sims Commonwealth Travelling Professor

Sir Geoffrey Keynes.

Liverpool School of Tropical Medicine

Professor T. H. Davey.

World Health Organisation

Dr. K. A. T. Martin.

Dr. V. A. Sutter.

Mr. J. W. Wright.

Mr. G. H. Holstein.

Miss L. Creelman.

Dr. F. J. C. Cambournac.

Mr. R. Bogue.

Dr. M. Pascua.

Dr. E. B. Weeks.

Dr. James L. Troupin.

Dr. M. Ovazza.

Dr. Sinclair Loutit.

U.N.I.C.E.F.

Mr. Hewitt.

Others

Mr. V. G. Matthews, Commissioner in London to East Africa.

Mr. D. G. H. Jarvis, Crown Agents.

Mr. A. E. H. Higgins, Silwood Park Colonial Spraying Pool.

Dr. Warren Weaver, Rockefeller Foundation.

Dr. Morrison, Rockefeller Foundation.

Dr. D. Weinman, Fulbright Agreement Scholar.

Dr. T. Farnworth Anderson, D.M.S., Kenya.

Dr. J. M. Liston, D.M.S., Tanganyika.

Dr. Marc Vincent, Service de Pediatric, Usumbura.

Dr. E. B. Worthington.

Dr. Ajose, Nigeria.

FINANCE

26. Recurrent expenditure as shown in the 1956/57 Estimates increased by £392,017 over the figure for 1955/56. £200,000 of this increase was included for the implementation of the Frazer Report. Recurrent expenditure was estimated at £1,645,189 which is 8·6% of the Protectorate's total recurrent expenditure.

27. Higher salaries for the subordinate staff resulted in an increase of expenditure from £70,516 to £122,644 for an increase of staff from 1,912 to 2,066.

28. An additional £17,973 for food and fuel at hospitals permitted a partial implementation of the recommendations of the Trowell Committee on Hospital Diets. For the first time a special item of £3,000 was included for that unpredictable and unavoidable expenditure item—Medico Legal Travelling. The vote for Stores, Drugs and Equipment was increased by £16,000 to £250,000.

29. The total revenue earned was estimated at £61,222 and was mainly derived from fees from Europeans and Asians for hospital, medical and dental treatment and X-ray examinations.

II.—VITAL STATISTICS

30. Last year's report contained extracts of statistics of medical interest derived from the Bulletins of the East African Statistical Department. Most of these were based on an analysis of the last census held in 1948. It is difficult to provide reliable intercensal population estimates as present returns of births and deaths, especially of Africans, are far from accurate. On the recommendations of the Frazer Committee, a new committee was set up towards the end of the year under the chairmanship of Professor G. W. Gale to review the present system of collecting vital statistics and to make recommendations for improvement.

31. It is planned to hold the next full census in 1958.

GENERAL POPULATION

32. The estimated mid-year population to the nearest 100 for the last ten years is given in Table II. The figures continue to be based on an estimated natural increase per annum of 1% for Europeans, 2½% for Asians and 1½% for Africans. Migration figures for non-Africans are fairly accurate, but little is known about the movement of Africans to and from the territory.

TABLE II
De Facto Mid-Year Population Estimates

Year	NON-AFRICAN					AFRICAN	TOTAL
	Euro- pean	Indian and Goan	Arab	Other	Total		
1946 ..	2,800	32,000	1,400	700	36,900	4,763,000	4,800,000
1947 ..	3,200	34,000	1,500	800	39,500	4,834,000	4,874,000
1948 ..	3,600	36,000	1,500	800	41,900	4,907,000	4,949,000
1949 ..	4,200	38,200	1,600	900	44,900	4,981,000	5,026,000
1950 ..	4,800	40,500	1,600	1,000	47,900	5,055,000	5,103,000
1951 ..	5,400	42,800	1,700	1,000	50,900	5,131,000	5,182,000
1952 ..	6,000	45,100	1,700	1,100	53,900	5,208,000	5,262,000
1953 ..	6,600	47,400	1,800	1,100	56,900	5,286,000	5,343,000
1954 ..	7,200	49,700	1,900	1,200	60,000	5,365,000	5,425,000
1955 ..	7,800	52,000	1,900	1,200	62,900	5,445,000	5,508,000
1956 ..	8,400	54,300	2,000	1,300	66,000	5,527,000	5,593,000

BIRTHS AND DEATHS

33. *Non-Africans.*—Legislation provides for the registration at District Commissioners' Offices of all births and deaths of non-Africans. From returns made the Registrar compiles figures for the whole Protectorate.

In 1956 in an estimated population of 8,400 Europeans there were 76 deaths, of which four were due to injuries. In the case of Indians and Chinese 196 deaths occurred in an estimated population of 54,300; of these 41 were due to injuries. Nearly one-third of all the deaths occurred in hospitals. An additional analysis by age, sex, race and cause of death is given in Appendix VI (C) to this Report.

34. *Africans*.—Birth rates in the different districts vary between 30 per thousand and 48 per thousand. The death rate is probably upwards of 20 per thousand.

35. *Government Officers*.—The following table summarises statistics concerning the health of Government officers of all races over the past five years:—

TABLE III
Health of European Officers

	1952	1953	1954	1955	1956
Number on staff list	1,127	1,208	1,281	1,309	1,570
Average resident	934	1,052	1,085	1,152	1,400
Deaths	4	1	5	7	3
Invalided	6	3	4	2	2
Illnesses causing absence from duty ..	459	408	501	658	687
Total days off duty	3,251	2,643	2,611	2,588	2,710
Granted sick leave	54	49	45	53	79
<i>Rates—</i>					
Average number off duty daily per 1,000 residents	10	7	7	9	8
Average duration of absence in days ..	7.1	6.5	5.2	4.6	7.0

36. The causes of death of the officers included in the above table were:—

- Male, age 46—Leukaemia.
- Male, age 26—Poliomyelitis.
- Male, age 54—Pneumonia.

TABLE IV
Health of Asian Officers

	1952	1953	1954	1955	1956
Number on staff list	440	326	489	567	798
Estimated average resident including temporary staff	550	550	700	840	1,020
Deaths	1	1	1	—	4
Invalided	—	3	2	9	1
Illnesses causing absence from duty ..	560	662	811	1,007	1,611
Total days off duty	3,858	2,952	4,250	3,116	5,007
Granted sick leave	11	7	10	21	33
<i>Rates—</i>					
Average number off duty daily per 1,000 residents	19	15	17	19	18
Average duration of absence in days ..	6.9	4.5	5.2	4.5	5.0

The causes of death of the officers included in the above table were:—

Male, age 48—Coronary thrombosis.

Male, age 50—Coronary thrombosis.

Male, age 73—Coronary thrombosis.

Male, age 51—Not defined.

TABLE V
Health of African Officers

	1952	1953	1954	1955	1956
Local recruited officers	2,050	2,319	2,395	2,836	2,913
Deaths notified	2	4	4	4	3
Invalided	3	13	7	6	9
Recorded illnesses causing absence from duty	163	241	405	457	464
Recorded days on sick list	763	1,915	2,202	2,666	2,712
Recorded number granted sick leave ..	3	6	8	13	19
<i>Rates—</i>					
Average number off duty daily per 1,000	10	23	25	27	24
Average duration of absence in days ..	6.7	8.0	5.4	9.0	5.5

The causes of death of the officers included in the above table were:—

Male, age 51—Aortic Aneurism.

Male, age 28—Encephalitis.

Male, age 33—Neoplasm of pancreas.

37. Figures showing the number of patients treated at Government Hospitals are included in the Appendix No. VI(B) compiled from Medical Forms 74 and 75.

III.—PUBLIC HEALTH

A. GENERAL

38. While the number of patients admitted as in-patients or attending hospitals and dispensaries during 1956 reached new record levels this should not be interpreted as indicating an increase in morbidity during the year under review. With the steady, if gradual, improvement in urban sanitation and village hygiene there is probably less illness in the Protectorate now than ever before. But the population is increasing, communications are improving, and education and experience is leading to a greater appreciation of the value of “western” medicine, with the result that large numbers seek assistance when ill, placing a very heavy strain upon the limited curative services which can be provided. The popularity of these services entails serious financial and staff problems.

39. There was no outbreak of disease of serious magnitude. Malaria remained the highest single cause of morbidity and, in rural areas, is likely to remain so for some years. No human sleeping sickness was reported

from the Western Province for the first time for many years, and no case of plague was recorded in the Protectorate. A few cases of Kala Azar were diagnosed in Karamoja. Details of disease incidence will be found later in this report.

40. Much of the illness encountered was preventable. A large volume of disease still results from ignorance and dirt, and there is an urgent need for further improvements in the general standard of living. Widespread nutritional defects, should not occur in Uganda.

41. In the absence of accurate statistics it remains impossible to present a complete or comparable measurement of the public health or of morbidity trends. The figures given in this report reveal a formidable amount of morbidity, but there is welcome evidence from many quarters of a growing appreciation of the value of health and an intolerance of the former attitude that a certain amount of disease was "normal".

B. FOOD AND NUTRITION

42. As in previous years weather conditions were satisfactory and food production was adequate for the prevention of famine conditions.

43. Freedom from famine does not necessarily imply a satisfactory state of nutrition and attention was drawn in last year's report to the shortcomings of cassava as a staple food, to the drain on rural supplies of food caused by purchases for urban needs and estate labour, and to the poor facilities for the distribution of fish, one of the Protectorate's best sources of protein. Maize is grown, especially in Buganda, which is surplus to local requirements, but owing to poor drying and storage a large proportion is wasted.

44. Maize is a useful staple, it is easily transportable and keeps well if properly dried. The unpopularity of maize for institutional feeding is in no small measure due to the fact that it is often sour and infested with weevils. The Medical Department has arranged that only properly conditioned maize will be purchased for issue in its institutions.

45. An important improvement of the urban milk supplies of many towns in Uganda resulted from the introduction of supplies of pasteurised milk from Kenya in "Tetra-Pak" containers.

46. Efforts have been made by the Education authorities to provide for mid-day meals in schools. There has been a varying response in different districts. In practically all cases parents have been asked to meet all or part of the costs. In some districts the Education Authorities have subsidised the scheme.

47. The Education Department employs an Adviser on School Meals and as a result boarding schools have considerably improved the pupils' diet. A Farm Diet experiment is being conducted at Gayaza High School for girls, where the pupils grow their own farm produce.

48. During the latter part of the year funds were made available for the post of a Nutritionist, a Statistical Assistant and four Nutrition Assistants for work with the Government Nutrition Unit. Accommodation for the unit was under construction at the end of the year.

49. The Standing Advisory Committee on Human Nutrition held two meetings during this year, under the Chairmanship of the Assistant Minister of Social Services.

50. Education is given on Nutrition at Child Welfare clinics by Nursing Sisters and Health Visitors. In Mubende the Red Cross Society assisted with the purchase and sale of over 4,000 lbs. of skimmed milk powder, and in the Bunyoro District the African Local Government made it possible to purchase skimmed milk powder and re-sell it at cost price. The provision of skimmed milk powder at Government Institutions is restricted to children attending clinics or who are patients in hospitals. The Trade Development Officer of the Ministry of Rural Development is endeavouring to arrange for supplies of dried milk to be made available in local shops to provide for wider needs.

51. Negotiations were almost completed with U.N.I.C.E.F. for a gift of 37,000 lbs. of skimmed milk powder for use in hospitals, dispensaries and health centres.

52. During the year the Medical Officer in Charge of the Nutrition Unit, in conjunction with members of the World Health Organisation Nutrition Survey, has carried out a number of surveys in rural areas. A report will be made by the Senior Medical Officer of World Health Organisation who is conducting these surveys, when the unit finishes its assignment. Interim reports indicate that the existence of protein malnutrition is widespread and that in certain areas there are vitamin deficiencies which had hitherto been unsuspected. Marasmus and general underfeeding is not uncommon.

53. A survey was carried out in conjunction with the Medical Specialist and Clinical Pathologist in Budama in the Eastern Province. The purpose of the survey was to ascertain the factors associated with an anæmia which is common in the district. The conclusion drawn was that malaria played the largest part in its causation and not hookworm nor malnutrition.

54. Publications included the report of the Medical Officer (Nutrition) on his surveys in 1953 and 1954 and a paper by him and two Makerere students on the possible relation between malnutrition and performance in intelligence tests; no such relation was found.

55. *The Infant Malnutrition Groups.*—Workers at Mulago Hospital under the auspices of the Medical Research Council found that vegetable fat (cotton seed oils), can safely be added to high protein diets necessary for the treatment of kwashiorkor and that the results are highly beneficial.

56. The oil is also one of the ingredients of the biscuits that for more than a year have been used in the unit's wards and in two school feeding schemes. The results of one of the schemes have been analysed statistically and show that the children receiving the biscuits are now, after three terms, gaining weight more rapidly than their colleagues who are not receiving them.

57. A study by the group of the growth and development of "normal" African children, and of others suffering from malnutrition, has been continued. A description of the bony changes found in kwashiorkor showed that arrest of development may occur many months before the disease is recognisable clinically.

C. COMMUNICABLE DISEASES

(1) *Arthropod-Borne*

MALARIA

58. Malaria still remains one of the most serious, if not the most serious disease in the Protectorate. In many parts, especially in the Eastern Province, malaria is still hyperendemic.

59. In most areas the rainfall throughout the Protectorate was average.

60. The following are the figures for cases of malaria treated in Government Hospitals during the last three years:—

		<i>Out-patients.</i>	<i>In-patients.</i>	<i>Deaths.</i>
1954	...	88,021	9,505	258
1955	...	110,917	9,297	270
1956	...	111,479	7,534	201

61. It is of interest to note from the following figures that amongst the European community malaria has fallen considerably during the last two years.

			<i>Out-patients.</i>	<i>In-patients.</i>
1954	...	...	228	146
1955	...	...	252	144
1956	...	...	193	76

62. These figures are of greater significance when it is realised that during the period under review the European population increased from 7,200 in 1954 to 8,400 in 1956. This decrease in the number of cases is due to the antimalarial measures in the larger centres and to the more widespread use of prophylactic drugs.

63. The majority of cases of malaria in Uganda are due to the *P. falciparum*. In a large proportion of out-patients and in a smaller number of in-patients, it was not possible to confirm the diagnosis by a positive blood slide. In the Medical Laboratory, Kampala, out of 27,436 blood slides examined, 4,789 showed *P. falciparum*, 239 showed *P. malariae* and 61 showed *P. vivax*.

64. The District Medical Officer in Lango reports two break-throughs whilst taking prophylactic antimalaria drugs: one officer showed a positive blood slide whilst taking two tablets of paludrine daily and another whilst taking two tablets of daraprim twice weekly.

RELAPSING FEVER

65. The steady decrease in the number of cases of relapsing fever which was noted in the 1955 Annual Report has been maintained. 25 cases were treated in Government hospitals and three as out-patients, compared with 50 in-patients and 19 out-patient cases in 1955.

66. Relapsing fever no longer constitutes a major medical problem in Uganda. The only area where relapsing fever is prevalent is on the western side of the Protectorate and on the immigrant labour route.

67. It was noted in the Annual Report for 1955 that the dusting of houses with D.D.T. in the Katwe area of Toro District was undertaken at the end of that year, as the majority of cases of relapsing fever in Toro came from that area, and it was remarked that the effect of this measure would be awaited with interest. It is most gratifying to note that the cases dropped from 70 in 1955 to 19 in 1956. Dusting of houses in the Katwe area continued during the year.

68. Nevertheless it is possible to attribute too much to the dusting of houses with D.D.T. Such treatment must reduce the number of ticks and thus the number of cases of relapsing fever, but this cannot be the whole story for in Ankole District D.D.T. dusting operations ceased two years ago and there is still a continued and steady drop in the number of cases of relapsing fever. Other factors must be involved. Possibly there has been a natural recession in the disease, but more probably the reason is the steady improvement in the standard of housing which no longer gives easy lodgement for ticks.

69. The number of cases in Ankole and the Western districts during the last nine years is as follows:—

	1948	1949	1950	1951	1952	1953	1954	1955	1956
Ankole ..	289	327	393	192	47	32	26	12	2
Toro ..	22	24	43	41	16	37	73	70	19
Masaka ..	161	105	170	156	91	70	27	22	16

70. Relapsing fever has always been prevalent amongst immigrant labourers from Ruanda Urundi and there is no doubt that they have been responsible for spreading the disease. More recently such immigrant labour has been arriving by lorry instead of on foot and their more rapid transit reduces the chances of disseminating the disease.

PLAGUE

71. No case of plague occurred in Uganda during 1956—thus for two years the Protectorate has been free from this disease. There is, however,

an ever-present risk of an epidemic occurring, particularly in the western part of the Protectorate on the border of the Congo, where the condition is still endemic.

72. As in the case of relapsing fever a contributory factor in the diminution of plague is better living standards particularly with regard to housing.

TRYPANOSOMIASIS

73. At the end of this report is a map showing in diagrammatic form the number of new cases of sleeping sickness reported during the year and indicating the areas in which the gambiense and rhodesiense types are found.

74. The relatively small number of deaths reported is partly due to the difficulty which is found in tracing the fate of old cases.

75. In Lango District there was a sharp increase in the number of cases towards the end of the year. All of these were considered to have been infected by palpalis flies in the River Aswa system in the north of the district. In addition to carrying out a mass examination of the population at risk, arrangements were made for the destruction of the fly by the spraying of the riverine bush with Dieldrin by the Tsetse Control Department.

76. No cases were reported from South Toro where it is hoped that the experimental spraying of one of the main rivers and some streams in 1955 may have broken the chain of infection.

77. The incidence of the disease remained at a fairly high level, for the fourth year in succession, along the lake shore belt of Busoga and Bukedi districts. All the 67 cases reported were considered to be of rhodesiense type carried by *G. pallidipes*. An experimental controlled resettlement scheme along both sides of a road to Kityerera on Lake Victoria was initiated. It is hoped that settled habitation and the movement of traffic along the road will be effective in driving back the fly.

78. To facilitate clinical research into the diagnosis and treatment of the disease arrangements were made for the admission of selected cases to a ward opened by the East African Trypanosomiasis Research Organisation at their Sukulu Laboratory near Tororo. Records of the investigations carried out will be found in the annual report of that organisation which is published by the High Commission. Reference must also be made to other important ways in which the work of members of this research organisation is furthering the control of this disease in Uganda. First, continuous observations are being made on the tsetse population in parts of Bukedi and Busoga, including the Resettlement Scheme in the latter. Secondly, a series of epidemiological studies are being carried out in the main foci of the disease. Recommendations for future control measures are made at the same time. Lastly, a history of the disease in Uganda from the beginning of the century is being compiled.

79. The policy regarding the maintenance of small clearings at road and river crossings was reviewed. As a result it has been found possible to abandon a number that were no longer serving any useful purpose. The resultant saving in money has been made available to this department and is being used for more active methods of control. A lorry has been bought for transport of the sleeping sickness inspection team in the West Nile area. Funds have also been used to provide a metal dinghy and reserves of insecticide for spraying of riverine vegetation.

80. A conference was held in Kampala in August attended by sleeping sickness workers from Tanganyika, Ruanda-Urundi and this country to consider an outbreak of the disease in the Bukoba area which threatened to spread to the neighbouring countries.

81. The following are details of cases of trypanosomiasis reported during the last six years:—

TABLE VI

	1950	1951	1952	1953	1954	1955	1956
BUGANDA—							
Mengo District ..	27	7	4	4	4	2	5
EASTERN PROVINCE—							
Busoga (includes							
Jinja) ..	19	3	3	35	39	44	33
Bukedi	14	7	12	62	30	37	34
NORTHERN PROVINCE—							
Lango District ..	4	9	3	10	—	12	29
Acholi District ..	2	8	10	4	5	5	2
West Nile District	8	2	6	9	20	12	5
WESTERN PROVINCE—							
Bunyoro District	2	—	—	6	4	—	—
Toro District ..	2	2	—	4	1	1	—
Ankole District ..	—	—	—	—	—	1	—
TOTAL CASES	78	38	38	134	103	114	108
TOTAL DEATHS	6	2	2	—	3	2	1

KALA AZAR

82. As far as can be ascertained no case of Kala Azar was recorded in Uganda until 1946. Between that date and 1952 three cases were reported in the Karamoja District in the north-eastern part of the Protectorate. During 1956 cases have again been diagnosed in this area. Three cases were proved by splenic puncture and five more were diagnosed clinically. Six of the eight cases came from Upe County.

83. The position will be closely watched as the neighbouring territory of Kenya has had two epidemics of the disease in recent years. At Marigat in the Baringo District, where one of these epidemics occurred, Heisch, of the Insect Borne Diseases Division of the Kenya Medical Service, isolated leishmania from a ground squirrel. The reservoir and vector of the disease in Uganda is unknown.

(2) *Helminthic Diseases*

ONCHOCERCIASIS

84. The number of cases of onchocerciasis treated during the last five years is as follows:—

	<i>In-patients</i>	<i>Out-patients</i>
1952	10	11
1953	38	70
1954	156	445
1955	143	415
1956	189	472

85. Medical Officers have become increasingly aware of the condition during the last three years and the figures reflect the number of cases diagnosed rather than an increase in the incidence of the disease.

86. The condition is widespread and is found in many parts of the Protectorate, notably in Mbale area, West Nile, Kigezi, Bunyoro and in the Nile areas at Jinja. For the first time a few cases have been reported from Lango District. In Bunyoro District in the Western Province the condition remains prevalent along the course of the Waki and Saba rivers and throughout the Budongo forest area. The high rate of infection in this area is shown by the fact that of 100 men examined no less than 92 were found to have onchocerciasis, either clinically or with a positive skin snip. Four of the sufferers had defective vision, but this could not be attributed to the disease. The average length of residence in the area was seven or eight years and the average length of symptoms was four years.

87. Treatment of this condition is not entirely satisfactory. None of the drugs used have lived up to their earlier expectations. The Senior Medical Officer i/c Jinja Hospitals states that Antrypol very successfully kills the adult worms, although its action is slow. Diethylcarbamazine (Hetrazan, Banocide, etc.), rapidly kills microfilariae. Both these drugs unfortunately may have severe side effects. Reactions to Antrypol occur most commonly after some four to five gms. of the drug have been given. It has been found that even in heavily infected cases this dosage is sufficient to cure some 60% of cases. It is recommended that a course of Antrypol should be followed with one of diethylcarbamazine to speed up the rate of cure.

88. As in 1955, the Entomological Division has been almost exclusively concerned with simulium control. Their operations have extended to five areas:—

- (1) The Nile at Jinja.
- (2) The Bufumbo area, near Mbale.
- (3) The Budongo Forest, in Bunyoro District.
- (4) The West Nile District.
- (5) The Kibale forest area, Toro District.

89. *The Nile at Jinja*.—Very considerable success has been achieved in the Jinja area by dosing the Nile with D.D.T. Following the last dosing in April 1956, reports were received that the fly had completely disappeared over the stretch of the Nile between Jinja and Lake Kioga.

90. *The Bufumbo area*.—The Agricultural Department planned to build a Government Research Station on Mt. Elgon at Bufumbo, but a survey showed a very heavy infestation of *S. neavei* in the many mountain streams which flow down Mt. Elgon. Reports suggest that a large proportion of the population are suffering from the disease which chiefly manifests itself by skin lesions and in some cases by general retarding of normal development. The dreaded complication of blindness is most fortunately extremely rare. The District Medical Officer, Mbale, states that the people over a wide area appear to be so used to the disease that they attach little significance to it and therefore do not come forward for treatment. The Entomological Division carried out a survey on Mt. Elgon with a view to attempting eradication of the fly in 1957. The operations lasted nine weeks. In 1957 it is intended to dose all streams using a "slow emission" dosing technique based on the use of Arkotine D.D.T. concentrate absorbed in vermiculite and issued for use in standard calico bags.

91. *Budongo Forest*.—The Budongo Forest is very heavily infested with simulia. The difficulties facing control measures in this area are even greater than on the slopes of Mt. Elgon, as the forest is exceedingly thick and it is impossible to reach all the small streams which flow through the area. The only practical step which can be taken at present is carried out by personnel of a saw-milling company, assisted by departmental technical staff using Arkotine absorbed in vermiculite; such efforts can only be directed towards local control. Permanent eradication of *S. neavei* in this area cannot be achieved until the area is surveyed and mapped and tracks are cut through the forest to give access to the headwaters of the streams.

92. *West Nile*.—No active measures for control of *S. neavei* were carried out in the West Nile, but it is interesting to note that one year after the original dosing of the Agoi and Nyarar river systems with D.D.T. it was not possible to find larvae of *S. neavei* in any of these streams. This was a welcome, if somewhat unexpected result, as untreated rivers are comparatively close and it was thought that these would infect the treated rivers. It has been found in the West Nile District where, in certain areas, more than 90% of the population are infected that only 0.5% are suffering from blindness which can be ascribed to the disease.

93. *Kibale Forest, Toro*.—In the Kibale forest in Toro district a short survey was made and the presence of *S. neavei* was confirmed.

FILIARIASIS

94. *W. bancrofti* infection is found in isolated pockets throughout the Protectorate. The exact clinical significance of this infection is still doubtful, particularly with regard to the incidence of hydrocele and elephantiasis,

and there is much scope for research in this respect. These two conditions appear most common in Teso District where 105 operations were performed for hydrocele and 14 for elephantiasis; the latter figure can only refer to a small proportion of the cases in the district.

95. Whilst infection with *W. bancrofti* does not at present represent a serious medical problem in Uganda, little is known of the incidence of the condition, the clinical syndrome it produces and the bionomics of vector which spreads the disease.

DRACONTIASIS

96. This condition is found only to any extent in the Northern Province and its incidence there appears to be decreasing. A few cases, probably infected in the north, have been reported in other areas. The following are the figures for cases treated in Government hospitals during the last five years:—

						<i>In-patients</i>		<i>Out-patients</i>	
1952	...	...	...	61	...	...	...	372	
1953	...	...	...	72	...	...	...	320	
1954	...	...	...	97	...	...	...	335	
1955	...	...	...	27	...	...	...	196	
1956	...	...	...	36	...	...	...	191	

97. These figures do not include attendances at rural dispensaries, where a condition such as this is easily treated. The majority of cases probably only attend at hospitals when some complication such as cellulitis occurs.

98. The decrease in the number of cases is ascribed to improved water supplies.

99. In Moyo in the West Nile District near the Sudan border where the condition is probably more prevalent than in any other part of Uganda, the number of cases reported has been:—

1952	...	...	43 cases
1953	...	...	31 cases
1954	...	...	291 cases
1955	...	...	148 cases
1956	...	...	171 cases

100. The great majority of these cases were treated at Zaipi Dispensary. The Medical Officer at Moyo draws some interesting conclusions

from the monthly incidence of the disease, finding that the majority of cases appear during the dry season and early rainy season. The following are the figures quoted in support of this observation:—

				Rain in inches	Cases
January	..	..	..	0·68	40
February	..	..	..	0·35	46
March	..	..	..	2·16	50
April	..	..	..	7·34	23
May	..	..	..	7·34	6
June	..	..	..	7·88	0
July	..	..	..	6·11	3
August	..	..	..	3·33	0
September	..	..	..	1·73	0
October	..	..	..	4·04	0
November	..	..	..	3·86	3
December	..	..	..	1·6	3

101. In a recent article in the East African Medical Journal, Charters records that twenty-five years ago guinea worm was commonly seen in patients at Ngora Mission in Teso whereas today it has almost completely disappeared.

ANKYLOSTOMIASIS

102. By increasing the parasite load this disease undoubtedly leads to lowered resistance and contributes to the anæmia which is so prevalent among Africans. Altogether 10,948 cases were treated as out-patients in 1956 as compared with 9,416 in 1955. In Fort Portal Hospital, 48% of the stools examined showed ankylostoma ova. In Bunyoro District the following are the figures for stools found positive for Ankylostomiasis:—

		1953	1954	1955	1956
		%	%	%	%
Masindi	...	43·9	34·7	38·6	45·0
Hoima	...	49·0	49·4	50·3	45·0
District Total		47·0	43·5	44·4	45·0

103. Although these figures probably show a higher rate of infection than is found in most districts, the disease is common throughout the Protectorate except in cooler areas such as Kigezi and Ankole (only just over 2% of the stools in Kigezi were positive for Ankylostomiasis), or in the dryer area of Karamoja.

SCHISTOSOMIASIS

104. Except in the Lango District of the Northern Province, where urinary schistosomiasis is the prevalent form of the disease, *S. mansoni* is the more common. The number of cases treated is no indication of the incidence of the disease. In 1956, 1,956 cases were treated as out-patients, 423 more than in 1955. 273 patients were treated in hospital compared with 321 in 1955.

OTHER HELMINTHIASES

105. Tæniasis and ascariasis are widespread. In his annual report the Medical Officer of Health, Kampala, states “the incidence of cysticercosis bovis in Uganda results in some 18·5% of the meat from this source being boiled prior to release to the public.”

(3) *Direct Infections*

ANTHRAX

106. There was a considerable diminution in the amount of anthrax during 1956. The cases reported for the last four years are as follows:—

1953	...	...	54
1954	...	...	61
1955	...	...	52
1956	...	...	13

107. Bunyoro District, which has hitherto had a high incidence of this condition reports no cases in the latter part of the year.

108. The propaganda put out by the Medical and Veterinary Departments concerning simple measures of prevention are beginning to have effect. Inoculation of cattle and goats in the Bunyoro and South Toro districts probably account for the decrease of cases in these areas. The District Medical Officer, Ankole, reports an outbreak of anthrax amongst hippopotomi of the Queen Elizabeth National Park. The health staff were instructed to explain to the people the dangers of eating the meat of dead animals and no human case occurred.

INFECTIVE HEPATITIS

109. Cases of infective hepatitis treated in hospital during 1956 totalled 180. This compares with 129 treated during the previous year.

CHICKENPOX

110. This condition is widespread. 1,937 cases were recorded as compared with 2,380 in 1955 and 1,481 in 1954. No deaths were reported. The condition may be confused with variola minor, otherwise it is of little importance.

DIPHThERIA

111. Only four cases of diphtheria were reported during the year; two were from Kampala. There were no deaths. In 1955 there were sixteen cases with one death, in 1954 eight cases with no deaths.

CEREBRO-SPINAL MENINGITIS

112. There were 56 cases of cerebro-spinal meningitis reported with 17 deaths; this is a considerable increase on last year when 35 cases and only one death were reported. In 1954 there were 61 cases. No epidemic occurred, the cases were sporadic and widely distributed.

MEASLES

113. The number of cases notified remains remarkably constant. There were 1,635 cases in 1956 as compared with 1,663 in 1955 and 1,165 in 1954. Every district reported at least a few cases. Measles does not appear to follow the pattern it shows in Europe, where the disease is rare for a few years and then assumes epidemic form when there are sufficient non-immune children. In Uganda the infection persists in many small patchy localised epidemics.

MUMPS

114. Thirty-eight cases of mumps were reported in 1956 compared with four in 1955 and thirty-five in 1954.

SMALLPOX

115. The number of cases notified each year since 1952 is as follows:—

		<i>Cases</i>	<i>Deaths</i>
1952	...	243	4
1953	...	341	2
1954	...	199	2
1955	...	101	2
1956	...	231	8

The disease was of the mild alastrim type except in the West Nile District.

116. The Annual Report for 1955 stated that at the end of the year a more virulent type of smallpox was causing an epidemic in the West Nile District—this epidemic continued during January and February 1956, with six deaths in January and two in February—in short all the deaths from smallpox in Uganda in 1956 occurred in one district within the space of two months.

117. Mass vaccination was carried out in the West Nile District during the epidemic and health staff was drafted into the district from other areas—altogether 144,000 vaccinations were performed in this district and 104,000 in the neighbouring district of Acholi.

118. When epidemics of smallpox occur mass vaccination campaigns are carried out; otherwise the policy is to raise the vaccination state by routine vaccination at regular pre-arranged times at all dispensaries.

TROPICAL ULCER

119. This condition is still prevalent in Uganda. Hospital figures show that 28,703 cases of chronic ulcer of leg were treated as out-patients in 1956 as compared with 20,686 in 1955. In 1956 chronic ulcer of the leg accounted for 985 in-patients and in 1955 for 987 in-patients.

120. Penicillin has revolutionised the treatment of this disease, but ulcers are still a potent cause of disability in younger people and may give rise to malignant change in older persons.

POLIOMYELITIS

121. Poliomyelitis gives rise to continued concern. The figures for the last four years are as follows:—

		<i>Cases</i>	<i>Deaths</i>
1953	...	45	3
1954	...	44	4
1955	...	180	12
1956	...	75	7

122. The seventy-five reported cases were spread fairly evenly throughout the year and cases occurred in all districts except Kigezi. The highest figures came from Mengo (23 cases) and Busoga (12 cases).

123. In the latter part of the year a supply of poliomyelitis vaccine became available and proved sufficient for the vaccination of all who applied for immunisation.

124. In all 12,000 doses of the vaccine were given with no adverse after-effects. As far as can be traced, no person who received the vaccine has to date contracted the disease.

TYPHOID

125. The following are the figures for cases of typhoid treated in Government hospitals during the last five years:—

		<i>Cases</i>	<i>Deaths</i>
1952	...	371	31
1953	...	764	95
1954	...	576	53
1955	...	567	65
1956	...	762	76

126. Typhoid fever is probably increasing; improved communications, more frequent travel and community living are all conducive to a spread of the disease. The majority of cases were sporadic and all districts reported a few cases. In Kigezi there was a minor outbreak of ten cases and another small epidemic was reported from Lango District. There is an ever present risk that where the conditions of hygiene and sanitation are not of the highest the disease may suddenly flare up into a large and serious epidemic.

127. The number of cases of typhoid in Kigezi District has been reduced from 85 in 1954 and 64 in 1955 to 26 in 1956—the Provincial Medical Officer, Western Province, attributes this diminution in incidence to improve water supplies and the education of the public in the danger of drinking from unprotected sources of water.

RABIES

128. No case of human rabies was notified in 1956, although late in the year there was a serious outbreak of the disease in the animal population in Kampala and Entebbe. Prompt and effective work by the Veterinary

Department rapidly cleared the areas of niongooses and stray dogs. Prophylactic vaccine was given to several persons who had been exposed to possible infection; fortunately no one contracted the disease. In 1956 the Veterinary Department immunised 8,400 dogs in the West Nile District, 9,100 in the Bugisu/Bukedi area and 6,600 in Mengo.

VENEREAL DISEASE

129. Although there had been a reduction in the amount of syphilis, gonorrhœa remained high. Whilst the diagnosis of syphilis in the primary and secondary stages is probably made with exactness, there is no doubt that tertiary syphilis is erroneously diagnosed at dispensaries. The following are the figures for the last five years:—

			Gonorrhoea (includes cases attending with complications)		Syphilis (all forms)	
			In-patient	Out-patient	In-patient	Out-patient
1952	..	..	2,148	23,386	1,904	29,760
1953	..	..	2,800	16,659	965	22,725
1954	..	..	1,838	17,550	725	19,365
1955	..	..	1,562	20,083	457	19,518
1956	..	..	1,270	24,437	333	16,891

YAWS

130. The incidence of yaws is steadily falling. Cases treated at Government hospitals during the last three years were:—

		<i>In-patients</i>	<i>Out-patients</i>
1954	...	241	14,195
1955	...	131	13,716
1956	...	106	10,774

131. In addition, owing to the simplicity of treatment, many cases are dealt with at dispensaries. In Kigezi alone, cases treated at dispensaries numbered 5,849; this, however, includes cases of so called tertiary yaws, a group which is a repository for much chronic rheumatism.

132. In Lango District, where treatment of both infected cases and contacts was done in 1955, considerably less than half the number of cases were recorded in 1956.

133. The Medical Officer, Mubende, in Buganda, considers that the disease is definitely on the decline. He states that he himself has never seen a case of secondary yaws in his district.

TUBERCULOSIS

134. The main task during the year has been the organisation of a uniform scheme of control of tuberculosis throughout the Protectorate, each district being responsible for the assessment and treatment of its own cases, both in-patient and out-patient, utilising the nearest X-ray services. All

districts are now using the same systems of records. The scheme at present established is that all patients are, where possible, first treated as in-patients in the district hospital and in some areas in selected district dispensaries. Subsequently they are discharged to continue with out-patient therapy.

135. Some districts have been obliged to commence treatment of their cases as out-patients, due to the limited accommodation available. Preliminary results show that these patients have not suffered by comparison with those first treated as in-patients. To increase the in-patient accommodation required, two 16-bed units have been built at Jinja and Mbarara; the Mbarara unit is to be increased to 28 beds, and three more units are scheduled at Lira, Fort Portal and Kabale. Two Medical Assistants were selected, one each from Jinja and Ankole, and are at present undergoing a course of training in tuberculosis nursing and administration at Mulago. They will subsequently return to their districts to take charge of the new units. Extension of X-ray facilities has been planned; the first static X-ray unit outside Kampala has been installed in Masaka Hospital. The very important aspect of rural control and domiciliary visiting is at present being undertaken by the District Health Staff.

136. Tuberculin surveys have been carried out on whole population groups in various districts of the Protectorate. In themselves, the surveys were highly successful; re-attendance rates were outstanding; and over 10,000 tests were completed. The results are not as conclusive as had been hoped since in those areas of the Western Province where active tuberculosis is prevalent, the overall positive reactor rates are not as high as in some areas of the north and east, where few active cases present themselves. This argues the presence in the latter of some non-specific factor, which will require further investigation. In all areas, the tuberculin index of positivity was very high. Similar surveys, with X-ray follow-up of certain subjects, have been carried out among the students of Makerere College and the recruited labour and school children in the Kampala Municipality. B.C.G. vaccination has been confined to the susceptible members of the nursing and ancillary hospital staffs, and the Makerere students.

137. Mulago Hospital continued to treat cases presented from Mengo District and to act as a centre of specialised knowledge which is available to Medical Officers up-country. A Medical Research Council trial of combined therapy with the drugs D.D.S. and I.N.A.H. has been carried out in Mulago during the year. Technically the trial was extremely successful; the results have not yet been published.

138. Statistical analysis of the returns for tuberculosis is impossible, as many cases were recorded as both in-patients and out-patients.

139. It is reported from districts that sufferers from tuberculosis are now much more willing to persist with the long course of treatment which is necessary for their cure. At the end of 1956 more than 500 patients were under treatment, either as in-patients or out-patients, compared with

less than 150 at the end of the preceding year. This can be credited partly to the very obvious efficacy of the drugs at present in use; but credit must also be given in considerable measure to the Medical Officers and others engaged in the treatment of this condition, and to the enthusiasm which they have shown for this section of their work.

140. The Medical Officer (Tuberculosis), in the course of his work on the tuberculin surveys and at other times, made 26 visits to all districts of the Protectorate, with the exception of West Nile. He also gave lectures to various groups undergoing instruction at Nsamizi (9), to the Health Inspectors (East Africa) in training at Mbale, to the Medical Assistants' Leprosy Course at Masaka and to the Health Visitors in training at Mulago (4). Two meetings of the Tuberculosis Advisory Committee were held in March and August, at which various matters of policy were agreed upon and passed to the Director of Medical Services for his approval.

LEPROSY

141. The epidemiological work of the last five years was continued. The prevalence of the disease varies up to 43 per 1,000 with an average of 17 in the samples examined. In the whole country there are 70,000 patients in a population of $5\frac{1}{2}$ millions, a general average of 13 per 1,000. The number of lepromatous cases is about 6,500. Investigations were begun into the immunological relationship between leprosy and tuberculosis.

142. The number of Treatment Villages at the end of the year was 55, namely:—

West Nile ...	3	Busoga ...	19
Acholi ...	2	Bunyoro ...	2
Lango ...	9	Toro ...	3
Teso ...	5	Mubende ...	5
Bukedi ...	2	Mengo ...	4
Bugisu ...	1		

Others are in preparation. Out-patient clinics were held at dispensaries as well as at Treatment Villages. Including patients in or attending the five mission Settlements of Buluba, Nyenga, Kumi-Ongino, Kuluva and Bunyoni the total number being treated was probably between 25,000 and 30,000 and may even have been more. Diaminodiphenyl sulphone was the routine drug used.

143. During the year the Bunyoni Settlement discharged a record number of patients, the new Theatre and Wards at Buluba came into full operation, and a new School, Theatre and Laboratory were opened in Kumi-Ongino. Kuluva and Nyenga and all the Mission Settlements continued their excellent work.

144. A second edition of "No more Leprosy" was published in English together with a translation into Luganda. The smaller pamphlet "Leprosy" was produced in Iteso and the second edition in Luganda.

A poster, based on photographs supplied by the Medical Department of patients treated successfully in Uganda settlements, was produced by the District Commissioner, Bukedi, for the Bukedi and Bugisu Councils, and was subsequently copied into the languages of other districts.

145. The advances in most parts of Uganda have been very encouraging, and in some districts almost spectacular, but the present need is for consolidation of what has been achieved. In some areas too many patients attend irregularly and once villages are built they are not always maintained. These defects were expected and they will pass. There is good reason to believe the incidence of new cases is already falling, and the disease generally in assuming a milder type. A country-wide sustained effort for the next two or three years will put the seal on what has been accomplished so rapidly, and it is hoped the assistance promised by U.N.I.C.E.F. for 1957 will materially help, especially in those districts which have done much for themselves.

D. HEALTH EDUCATION

146. The post of Senior Medical Officer (Health Education) was vacant until October 1956, and the work of the Health Education Section devolved largely upon the other headquarter's officers, who continued the series of lectures to the various courses held at the Nsamizi Community Development Training Centre. These lectures are considered to be an important part of the activities of the Health Education Section, particularly as they are directed to the future leaders of the community in Uganda.

147. The technical work of the Health Education Section was of necessity curtailed, but assistance was given to District Medical Officers by the distribution of posters and the circulation of health films. Most of the U.N.I.C.E.F. supplies which arrived during 1955 were assembled and made ready for use, and the drying racks for posters and the Adana printing machine were finally unpacked in December. These items completed the list received from U.N.I.C.E.F., and it is expected that they will enable the section to be in full production of a range of simple visual aids early in 1957. Posters and film strips on health subjects will be the first priority, and as facilities and office space increase, it is hoped to undertake the production of simple moving films, and models and material for health weeks and county shows.

148. The booklet on village hygiene entitled "The Laws that Protect your Health" had a good reception and requests for additional copies were received from several districts. Initially, complimentary copies were sent to members of District Councils throughout the Protectorate.

149. The projectors received from U.N.I.C.E.F., which can be used as epidiascopes and also for micro-slide film strip projection, have been allocated to various training schools, together with portable generators where necessary, to facilitate the training of Medical Assistants, Nurses and Midwives and Health Inspectors, in the methods of health education.

150. County shows continued to be regular annual events in most districts and the department used them to bring before the public in rural areas the importance of good housing and disease prevention. Good housing competitions continue to be popular throughout the Protectorate; in these, officers of the department took an active part together with other members of the district teams.

151. Child care and prevention of malnutrition and kwashiorkor were emphasised by the health teams. Good houses, good latrines and protected water supplies are becoming increasingly evident throughout the countryside and it has been judged timely to direct the attention of the people more and more to the personal services in which their co-operation is necessary, and in which a minimum of knowledge and effort can effect great improvement in health, and indeed, saving of life.

152. The Red Cross continued to disseminate useful health knowledge through their junior links, and the work of the Community Development Department in the organisation of women's clubs has created a further most useful outlet for health education. It is hoped that more use can be made of these organisations in the health education of the public by supplying them with visual aid material concerned with family health. The course for Assistant Health Visitors which was started during 1956, and to which reference is made in another section of this report, will it is hoped provide a constant supply of well-trained officers for this most important aspect of health education.

153. During the latter months of the year the departmental calendar was produced by the Health Education Section. The theme for 1956 was training, and twelve photographs of the various aspects of training schemes within the Medical Department were used as illustrations. It is hoped that the 5,000 copies printed will find their way into many institutions and households in Uganda and encourage suitable young people to train for careers in the Medical Department, and keep up the flow of recruits to a service which is hard-pressed for staff.

E. MATERNAL AND CHILD WELFARE

TABLE VII

Summary of Maternity Services

	Government	Mission	Total
Units (includes rural units)	138	64	202
Maternity beds ..	843	873	1,716
Ante-natal patients ..	99,106	51,615	150,721
Ante-natal total attendance	240,543	146,386	386,929
Live births	16,399	16,055	32,454
Abortions	1,977	768	2,745
Stillbirths	1,612	665	2,277
Neo-natal deaths ..	534	409	943
Maternal deaths ..	299	83	382

154. The above table summarises the work carried out at Government and Mission Maternity Units in accordance with returns which have been received.

155. Reports are made from all over the Protectorate of the ever-increasing demand for institutional delivery of normal cases. This is a considerable strain on the limited resources. Nowhere is the problem more serious than in Mulago, where the ever-growing demand has made it necessary to discharge patients only a few days after their confinement.

156. Research work is continuing at the Maternity Division, Mulago Hospital, into the actions of native medicines on the uterus and the causes of sterility.

157. Multiple pregnancies — twins and occasional triplets — are receiving more care and interest than formerly and a much higher survival rate is being achieved as a result of skilled nursing and the efforts of the mothers. It is fortunate in this country that the majority of tribes, Nilotic as well as Bantu, positively welcome the birth of twins. In some areas the occasion is one for special ceremonies which include the conferring of new names on the parents.

158. Further reference to maternity work at Mulago is recorded in the report on the Department of Obstetrics and Gynæcology.

CHILD WELFARE WORK

159. Clinics are now established at the majority of Government hospitals and at many rural dispensaries. It is realised that these clinics must accept all children, most of whom attend because they are sick, and that in the early stages there is very little demand for welfare work. This demand does, however, come later and when a welfare clinic is well established it may be possible to refer children requiring medicine to the adjoining dispensary clinic.

160. As in previous years it has been possible to post one Medical Officer for full-time duty in charge of child welfare centres in the Kampala area and Mengo District. This officer has remained attached to the Medical Department, although some of the units in which she worked passed to the control of the Buganda Government when devolution of rural medical services took place on July 1st.

161. In accordance with the recommendations of the Frazer Committee, several clinics previously run in conjunction with women's clubs, have now been transferred to the nearest Buganda Government Dispensary. Four new clinics were established in this way in 1956. The change has inevitably resulted in a big rise in the number of children attending and, in fact, the overall attendances at the clinics run by the unit has been doubled since 1955. Attendances of other than sick children at dispensary clinics have been disappointingly low. One useful way to encourage better attendances has been to arrange for nearby women's clubs to meet at the

dispensary on the day of the Medical Officer's visit. Red Cross classes have been held at nine clubs, as a result of which 39 women passed their test and received their certificates for home nursing. A special clinic is held at Makerere in conjunction with a Community Development Club; activities include classes in domestic science and a child guidance clinic.

162. During the year these Mengo clinics have played a useful part in providing practical training for assistant health visitors, which is described in detail elsewhere.

163. A major concern of the clinics in the Kampala area continues to be the adoption of unnecessary bottle feeding. About 30% of Baganda were bottle fed before the age of 6 months. It was, however, gratifying to know that some of the better-educated women on the housing estates were refraining from bottle-feeding. The average age for weaning after successful lactation has remained fairly constant in Buganda for the past 6 years at 12 to 14 months.

164. About 2% of children attending the clinics for the first time were found to have some degree of kwashiorkor. Marasmus is causing increasing concern, and usually results from early weaning from the breast followed by a serious degree of under-feeding. Statistics record further reduction in the proportion of children with enlarged spleens and malarial parasites in the blood. This is attributed to better care of infants rather than to an actual reduction in the general malarial incidence.

F. SCHOOL HEALTH

165. No serious outbreaks of infectious disease were reported from schools. An increasing number of school children are being referred to hospitals for assessment in addition to treatment for specific complaints, but it is not possible for the existing staff to undertake routine school medical examinations of all pupils.

166. To reduce the amount of absence of school children on account of minor complaints, an increasing number of schools are maintaining stocks of the common medicines and dressings in their First-Aid boxes, treatment being administered by members of the staff. District Medical Officers give advice as to the items to be stocked in each district, and arrange for informal instruction in First-Aid treatment to be given to teachers in district hospitals during school vacations.

167. Health Inspectors (E.A.) who are stationed at the majority of county headquarters carry out regular inspections and give talks and demonstrations to school children. A general improvement in the sanitary state of school premises has been noted during the year. In one or two instances local Education Authorities have themselves insisted on the temporary closure of schools where serious infringement of the standard of the School Building Rules has occurred. Efforts are being made in all provinces to make mid-day meals available at schools where the children



BUDAKA HEALTH CENTRE



BUDAKA HEALTH CENTRE—WARD



IN THE LECTURE ROOM—JINJA TRAINING SCHOOL



PRACTICAL INSTRUCTION—JINJA TRAINING SCHOOL



STUDENT NURSES, MULAGO—RECREATION



UNICEF TRANSPORT FOR STUDENT NURSES' INSTRUCTIONAL VISITS



LADY COHEN OPENING THE NURSES AND MIDWIVES TRAINING SCHOOL, MULAGO



STUDENT NURSES—RELAXATION



MULAGO HOSPITAL—KITCHEN



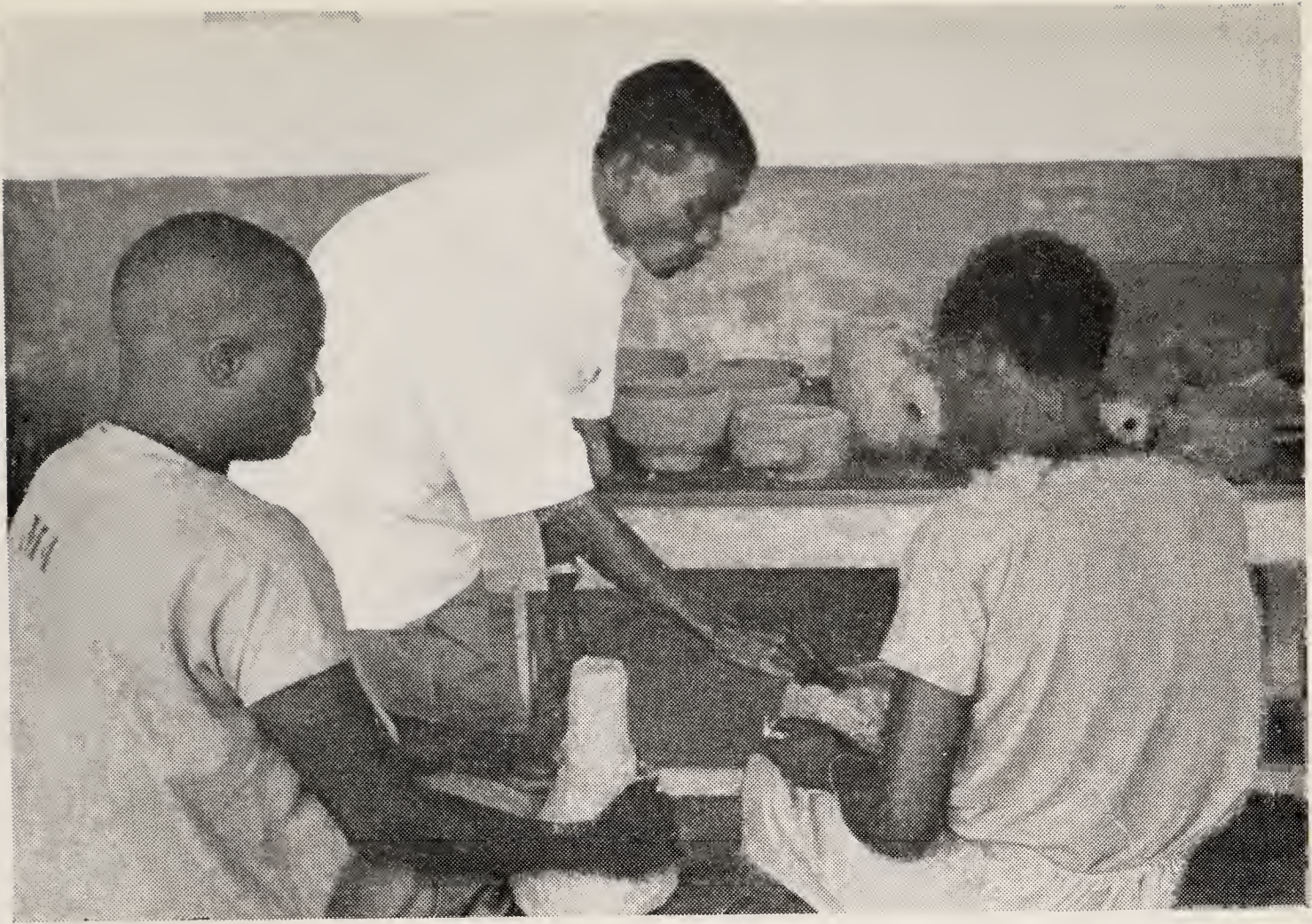
MULAGO HOSPITAL—LAUNDRY



PHYSIOTHERAPY—DAILY EXERCISES AT MULAGO HOSPITAL



PHYSIOTHERAPY—LEARNING TO WALK AGAIN AFTER POLIO—MULAGO HOSPITAL



MENTAL PATIENTS—OCCUPATIONAL THERAPY



MENTAL PATIENTS—OCCUPATIONAL THERAPY



MEDICAL STORE—A VIEW OF PART OF THE BULK STORE



MEDICAL STORE—A PART OF THE DRUGS SECTION

have to walk considerable distances. In the Eastern Province it is reported that 60% of aided schools are now able to provide meals. Research work, which is referred to earlier, has continued at the M.R.C. Infant Malnutrition Unit, Mulago Hospital, on the production of nutritious biscuits at an economic price, which would serve to provide a balanced mid-day meal without requiring the provision of cooking facilities.

G. ENVIRONMENTAL HYGIENE

(1) *Housing and Town Planning*

168. The rate of new building has tended to slow down in some townships during 1956 but nevertheless some excellent modern buildings were erected. New planning areas were gazetted for Kasese, Fort Portal, Mbarara and Entebbe. Grade II and III housing areas were approved for Entebbe and at the end of the year were under consideration for Mbale, Lira, Kampala, Mpumudde and Kamuli.

169. The problem of very low standard peri-urban housing is still serious, though much effort has been made and some progress achieved in certain areas, for instance the Kibuga on the outskirts of Kampala. There appears, however, to be little hope of a permanent solution to this question until African Local Governments require adequate basic standards for areas outside those controlled by the Building Rules. There is no reason to suppose that good elementary hygiene is not economically possible in such areas. There are indications that some African Local Governments are becoming aware of this need and the building bye-laws which exist in some districts may in future be extended and more widely enforced.

(2) *Water Supplies*

170. While the actual installation of urban water supplies is not the direct concern of the Medical Department, it has an important bearing on health and the following information on water supplies and work by the Public Works Department and Geological Department during 1956 is included here:—

Kampala.—A new 4,000,000 gallon reservoir was completed, together with minor extensions to water supply mains in various areas. The present storage capacity is now approximately 72 hours, based on average consumption.

Jinja.—Consumption of water during the year rose from approximately 542,000,000 gallons in 1954 to approximately 590,000,000 gallons in the year under review. Plant and material for augmentation of the supply has been ordered and a new high lift pump-house is under construction. Water main extensions have been completed to Waireka, Kirinya Prison and to the West Bank of the Nile. Work is in hand laying mains to Mpumudde and the Magwa areas.

Iganga.—A new township supply was in course of construction and nearing completion.

Masaka.—The pumping station has now been electrified and the erection of a 200,000 gallon reservoir and tower was in course of construction.

Entebbe.—Capacity of the treatment works has been extended and there is now an adequate supply of water in the area.

Mubende.—A new supply was under construction.

Mbale.—The average daily consumption for the month of March was 811,000 gallons. Extensions are being carried out to water mains in the area.

Tororo.—The new Malawa River Scheme has now been completed. Five miles of 10" pumping main and a 1,000,000 gallon reinforced concrete reservoir have been completed and brought into operation during the year.

Soroti.—Work on the new scheme to pump water from Lake Ajama was commenced.

Kumi.—Boreholes, laying of mains and the construction of a 20,000 gallon storage tank is in hand.

Kabale.—For the new gravity scheme from Kachwekano the reservoir, filter house and booster house were completed. Mains extensions to the Government Senior Secondary School and the C.M.S./N.A.C. Mission School were laid.

Arua.—A new treatment plant and reservoir have been completed.

Kitgum.—Four new boreholes have been powered and a 30,000 gallon storage tank on a 20 ft. tower erected. Pumping and distribution mains were completed during the year.

171. During the year 1956, 279 new boreholes were constructed, of which 247 proved successful.

172. Widespread efforts to obtain clean water by spring protection have continued under supervision by Health Officers and there is considerable interest in this in almost all districts. Kigezi, for example, reports 399 springs protected and 385 repaired. There is no doubt that even in remote rural areas a clean water supply is appreciated when it is made available.

(3) Food Hygiene

173. After consideration by a special committee it was decided during the year that a separate Ordinance for the control of standards and quality of food and drugs should be prepared and that the necessary legislation should not take the form of rules under the Public Health Ordinance.

174. There are indications that the general African public is willing to pay more for better quality products and there has been a welcome increase in the consumption of milk. Its marketing in cartons has acquired a wide appeal—the following figures show the amount of milk imported from Kenya:—

Oct. to Dec. 1956	...	144,449 galls. in 1pt. waxed cartons.
Oct. to Dec. 1956	...	212,825 galls. pasteurised milk in bulk.

Fresh milk sold in townships by multiple vendors is controlled by Health Officers as well as possible, but it is difficult to ensure high standards.

175. Meat inspection continues to be shared by the Medical and Veterinary departments. The main cause of condemnation was measles (*Cystercercus bovis*).

(4) *Hotels*

176. The Hotels Board has been reconstituted under the Ministry of Commerce and Works. It is now entitled the "Hotels and Tourist Advisory Board".

(5) *Urban Sanitation*

177. Arrangements having been made for Jinja to attain municipal status on 1st January, 1957, the Health Section of the Authority was re-organised accordingly.

178. Both Mbale and Masaka now have a full-time Health Inspector working in the town and in each case an embryo Health Department is being formed, in anticipation of their municipal status.

179. The extensions to the Kampala main drainage scheme continued throughout the year. The total scheme value is estimated at £554,000. Extensions are envisaged to cover the Kisenyi, Kibuga area.

180. The laying of sewers at Mbale was well in hand at the end of the year.

181. Schemes for Masaka and Soroti have been completed but their commencement has had to be postponed for financial reasons.

MOSQUITO CONTROL

182. Limitation of finance has made routine mosquito control somewhat difficult in certain townships, though an adequate degree of protection has been maintained. In most townships there is a detailed programme for permanent mosquito control works, based on entomological advice, but in some the recommendations will require considerable sums of money to implement and can only be undertaken gradually.

(6) *Rural Sanitation*

183. A record of the questions asked by members of classes at the Nsamizi Training Centre has been kept as an index of the type of health subject which interests Africans drawn from many districts and from those with widely differing backgrounds. These reveal an apparently genuine interest in the ways to achieve an improved rural sanitation. It is hoped that this general interest can be expressed and co-ordinated by health committees of the African Local Governments when these are set up. The main needs may still be described as the A.B.C. of sanitation for the scattered nature of the population means that more advanced community services cannot

as yet be organised. The responsibility for providing housing for ancillary health staff in rural areas remains with the Central Government and due to its inability to provide housing it has been necessary to arrange postings not in accordance with the needs of the districts but in accordance with the availability of housing.

184. The establishment of health centres with their related areas of concentrated development is progressing as quickly as the provision of buildings and staff will permit. Some are already becoming extremely active units. The most advanced being Budaka in Bukedi where, with excellent co-operation from the local chiefs, considerable progress is being achieved. It is clear that a large number of the local people are beginning to see the many advantages of the scheme.

H. HEALTH AND WELFARE OF EMPLOYED PERSONS

185. The Senior Medical Officer (Labour) obtained special leave to take up a Fellowship granted by the International Labour Office in order to study the health, welfare and working conditions of persons employed in agricultural industries in the southern states of North America, where conditions are stated to be similar to those existing in Uganda.

186. Investigations were continued into the possibility of silicosis occurring in miners in the Western province and examinations were undertaken in the new asbestos factory at Tororo. Problems are being created by the setting up of industries in the Jinja area as some industries in this area are reluctant to provide housing for their employees. The fact that large construction companies which were responsible for the erection of the Owen Falls Dam have ceased operating after some five years has complicated the issue. The building of the Dam attracted a large influx of population into the area and it was estimated in 1949 that the increased population amounted to some 10,000 people, only a small proportion of whom worked for the construction companies. This necessitated the setting aside of an area some three miles on the Jinja-Kampala road to permit individuals to build their own houses. In this way some 200 houses were built and still remain in occupation. In addition the old housing estate of the O.F.C.C. has not been demolished and is still in use. Neither of these two housing estates can be regarded as satisfactory and demonstrate the danger of a policy of expediency.

187. The Senior Medical Officer (Labour) points out that whenever an industry is set up there will be a much larger influx of population than is accounted for by the employees of that particular industry and that steps must be taken to provide adequate housing for this additional population.

188. Turning to working environment: many processes such as cotton-spinning and tobacco-curing require certain minimum degrees of humidity. This is of little importance if the temperature can be kept within reasonable limits but once the temperature rises to the high eighties

and nineties there is a serious risk of loss of efficiency of the worker, fatigue and all its consequences. There is the fundamental handicap of the lack of any standards to apply to working conditions in Uganda, or indeed in any tropical country. It is clear that it will be inappropriate to adopt U.K. standards and probably also inappropriate to accept standards from the low-lying tropical areas. This question of "comfort zones" will come more and more to the fore when industries involved in the erection of large factories are concerned.

189. At the present time all employers of contract labour are required to provide food and, generally speaking, the ration provided is reasonably adequate. The whole question of the feeding habits of employees is tied up with traditional customs. It is surprising that the only eating house or restaurant in the industrial area in Kampala is poorly patronised, in spite of the fact that the prices are reasonable and the eating house is accessible to most of the factories in the area. The main sales are cups of tea and hunks of bread between 4 and 5 p.m. The mid-day meal consisting of meat, matoke, curry and mixed vegetables and so on, is purchased by only a few. It should be noted that it is not the custom for the African labourer to emulate the Asian, who is in the habit of having a substantial meal brought to him at mid-day at his place of work.

190. There has been no change in the south-western migratory traffic of immigrant labour from Ruanda Urundi and Tanganyika. In no case has the migrant worker been responsible for the introduction of an epidemic or disease. The large number of immigrant labour requiring medical examinations threw such a strain on the Government medical staff in the Kigezi district that the Recruiting Agency in the area was persuaded to employ a full-time medical practitioner for this purpose.

191. Repatriation of the chronically sick employee to Ruanda Urundi has continued. Since the beginning of the scheme in 1955 some 60-70 mental patients have been repatriated. Attempts at repatriation in the latter part of the year were not successful but negotiations are continuing with the Belgian authorities.

192. A large number of examinations of employed persons has been carried out during the year. The majority of these were undertaken by the Medical officer employed by the Kampala Municipal Council. The results of these examinations have been recorded and so far approximate records of 1,000 examinations are held. This system will continue until 2-3,000 results have been collected, when an analysis will be made.

193. Morbidity returns for employees continue at much the same level as in previous years. Malaria and respiratory diseases continue to predominate. Of the communicable diseases amongst employed labour the most important are smallpox, sleeping sickness and tuberculosis. There was an outbreak of smallpox in the West Nile which caused some concern as it was of a virulent type and necessitated the destruction of £200 worth

of cotton. The fact that it occurred at the height of the cotton buying season was of some significance as it is at this time of the year that there are considerable collections of people meeting and the population travels widely.

194. Three immigrant labourers from Urundi died in Uganda from sleeping sickness. The Anglo-Belgian Conference in Dar es Salaam in July took note of this occurrence which was brought to the attention of Dr. Gillard, who headed the delegation from Ruanda Urundi.

195. A further conference was held in August to discuss the sleeping sickness position which had resulted in the increase of cases in Ruanda Urundi and contiguous parts of Uganda and Tanganyika. There was a valuable exchange of views on the background and history of the disease in the three territories. The possibility of prophylactic injections for the prevention of the Rhodesiense type of the infection in Ruanda was criticised on the grounds that unless frequent injections were given there was a danger of masking the initial symptoms of the disease.

196. As stated elsewhere the Medical Officer (Tuberculosis), has carried out surveys by Heaf testing groups of estate workers and similar examinations have been made by the Kampala Municipal Council. Difficulties have been experienced in the treatment of tuberculosis among the non-indigenous people living for the most part in Buganda. Such people are frequently in this country for only a relatively short time. No difficulties are experienced as long as they are in hospital but problems occur when it is necessary for the treatment to be continued on an out-patient basis. The patient is frequently unaccompanied by any relative and can only claim a single room or part of it, provided by an employer, or a rented shelter. In many cases, when he has reached the stage necessary for out-patient treatment, his finances are exhausted. Discussions have been continued with the Belgian authorities on this question and it has been suggested that it might be possible to make arrangements for the formal repatriation of tuberculosis patients whose treatment has progressed as far as the out-patient stage.

197. Several cases of dermatitis occurred in Forestry workers during the year. This arose from the use of dieseline as a solvent for 24D which is an aboricide. The dermatitis was no doubt caused by the dieseline and not by the aboricide. Suggestions were made to the Forestry department as to the methods of handling and use of the solvent and no further cases have been reported.

198. Monitoring of X-ray workers in the X-ray Department at Mulago was commenced during the year, and a code of practice will be laid down for all X-ray workers.

199. Attempts have been made to trace all those persons who suffered more than a 35 per cent disability judged by the standards of the Workmen's Compensation Ordinance in 1954 and 1955. It proved possible

to trace only about 12 of a total of 60 cases. A number of those who had been traced expressed a desire to have training to enable them to follow such trades as shoe-repairing and tailoring. It is emphasised that great care must be taken in selecting cases for training as the patience and goodwill of teaching authorities and charitable organisations will be easily exhausted if the applicants are fundamentally unsuitable for training.

I. INTERNATIONAL AND PORT HYGIENE

200. As is recorded elsewhere 231 cases of smallpox were reported, involving all districts except Bukedi, Lango and Bunyoro. In addition to intensive vaccination campaigns at sites of the various outbreaks, arrangements were instituted to ensure that routine vaccination of all young children and adults who had not previously been vaccinated could be obtained at all rural medical units.

201. When the revised International Sanitary Regulations came into force on 1st October, Uganda was declared an "infected local area" for yellow fever in view of the evidence of infection in vertebrates other than man, as shown by high protection test rates. This is not, however, one of the criteria accepted by the World Health Organisation as evidence of continuing infection and it was, therefore, decided at the end of the year that Uganda should be declared a "receptive area". The other East African territories agreed to take the same action. The uniform declaration will remove any difficulties in connection with inter-territorial travel, but will make very little difference in the case of those going outside East Africa by air, inasmuch as certain countries including India, Pakistan, Egypt and South Africa have given notice that they will continue to demand evidence of protection against yellow fever for all immigrants coming from East Africa. As an indication that these regulations are strictly observed, one Uganda official travelling to the Far East on duty was detained in quarantine at Karachi on account of the validity of his yellow fever certificate having expired.

202. Out of 2,226 aircraft which landed at Entebbe Airport during the year, 1,459 of these were sprayed with insecticide by local health staff. The total rainfall for the year in Entebbe was 62·69". Routine adult and larval mosquito services were carried out during the year, and some 400 gallons of high spread anti-malarial oil were used to control breeding places. A total of 33,490 inspections of premises were made and aedes larvae were found on 294 occasions, giving an Aedes Index for the year of ·87 per cent.

J. HEALTH OF PRISONERS

203. The medical care of prisoners makes increasing demands on the staff of the Medical department. Not only are the numbers continuing to rise, but the three new gaols nearing completion at Jinja, Tororo and Fort Portal, all contain their own hospital wards. It is certainly desirable

from the point of view of efficiency and security that as many prisoners as possible should be treated within the prison building, but such a policy results in a need for additional trained staff.

204. No serious outbreaks of infectious disease have been recorded. Weight records and general physical standards of prisoners in Protectorate gaols are found to compare very favourably with the averages for the districts in which they are situated. With the devolution of certain health services in Buganda to the Kabaka's Government, Luzira and other Protectorate prison institutions in Mengo have been placed under the control of the Medical Superintendent, Mulago. Sanitary inspections at Luzira are carried out from Entebbe and at the other institutions by the Mengo district staff. The water-borne sewage scheme at Luzira is nearing completion.

205. Morbidity and mortality rates amongst prisoners during the year are given in Table VIII below :—

TABLE VIII
Health Rates for Prisoners

PRISONS						
	1951	1952	1953	1954	1955	1956
Average numbers	2,832	3,230	3,476	4,071	4,482	4,894
Death rates per 1,000 ..	12·3	7·1	7·8	7·1	6·0	4·7
Percentage on sick list ..	1·6	2·4	2·3	1·5	1·4	1·8
Hospital admissions per 1,000	498	439	486	378	450	373

REFORMATORY SCHOOL

Daily average in school	88·76
Daily average on sick list	1·02
Number of admissions to hospital ..	26
Number of deaths	nil

There were 23 deaths in Prisons the reported causes of which were as follows :—

Uraemia	2
Injuries	1
Meningitis (undifferentiated) ..	1
Tuberculous meningitis ..	1
Pneumococcal meningitis ..	3
Old age	2
Epilepsy	1
Lobar pneumonia	1
Septicaemia	2
Typhoid fever	1
Neurosyphilis	1
Cardiac failure	1

Congestive heart failure	...	1
Arteriosclerosis	...	1
Cerebral malaria	...	1
Malaria	...	1
Blackwater fever	...	1
Ill-defined causes	...	1

206. More interest is being taken in the feeding of prisoners at A.L.G. prisons, and revised diet scales have been drawn up in consultation with D.M.O.s in several districts. Serious overcrowding has been reported in one or two instances. Advice has frequently to be given concerning the control of insect infestations.

207. The new Buganda Government prison at Kigo is beginning to take shape and may be completed by the end of 1957. In the meantime, conditions at Mengo Gaol continue to cause anxiety to the local Health Department.

K. RELATIONS WITH LOCAL GOVERNMENTS

208. In accordance with the terms of the Buganda Agreement 1955, responsibility for the administration of rural hospitals, dispensaries, aid posts and rural public health were handed over to the Kabaka's Government on 1st July, 1956. The Buganda Minister of Health assumed control of these services with professional and technical staff, either seconded or transferred from the service of the Protectorate Government. Before the end of the year the Kabaka's Government had recruited two locally trained Medical Officers directly into its service.

209. The designation of Provincial Medical Officer, Buganda, has ceased to exist and the holder of that post now occupies the post of the Permanent Secretary to the Ministry of Health, in H.H. the Kabaka's Government.

210. The necessary finance to meet the cost of the devolved services is provided from Protectorate Government funds. The grant which is made is equivalent to the estimated cost of the services at the time of devolution.

211. It is too early to comment on the results of this devolution but certain difficulties, some of which were foreseen, have been encountered and will, it is hoped, be overcome.

212. Throughout the year efforts have been made to work out a policy in regard to devolution of responsibility for certain selected health services to African Local Governments. At present there is lack of uniformity; one district may accept financial responsibility for a certain service and another may refute any such responsibility but may willingly undertake to provide for an entirely different service.

213. In 1956 the bulk of expenditure by African Local Governments on health services was on capital schemes such as the building of new dispensaries, extensions to existing dispensaries or, in some districts, the provision of ambulances.

214. In certain districts Public Health Committees have been appointed by the District Councils. The educative value of such committees is beyond doubt and should be of great value in assisting in the formulation of public health schemes in their particular area. Unfortunately, the principle of the formation of Public Health Committees is not widely accepted.

215. In one area in Teso the African Local Government has accepted financial responsibility for the provision of maternity services. A ward has been built and a local mission has been appointed to run the service on an agency basis.

216. The following was the estimated expenditure by African Local Governments for Health Services for the year 1956/57:—

	Recurrent	Non recurrent
NORTHERN PROVINCE—	£	£
Acholi	5,142	15,750
Lango	7,876	10,955
Madi	1,080	1,800
West Nile	2,785	7,190
Karamoja	2,338	760
EASTERN PROVINCE—		
Busoga	14,381	3,300
Bukedi	8,751	3,110
Bugisu	15,910	2,800
Teso	12,027	6,523
WESTERN PROVINCE—		
Ankole	2,560	18,600
Bunyoro	2,887	6,500
Kigezi	3,255	5,700
Toro	4,873	10,763
BUGANDA—		
His Highness the Kabaka's Government	33,839	9,467
*Transferred services	124,271	31,000

*(Protectorate Government's Contribution).

L. STATUTORY BOARDS AND COMMITTEES

217. The Advisory Board of Health, appointed under the provisions of the Public Health Ordinance, held two meetings. The main business was concerned with approval of Grade II and Grade III areas in Townships and Municipalities and in formulation of appropriate rules including building rules.

218. The Medical Board appointed under the Medical Practitioners and Dentists Ordinance held two meetings and dealt with applications for licences to practise from doctors whose qualifications were not registrable

in Uganda, and also certain disciplinary cases. Necessary amendments to the Ordinance were considered and were in the hands of the Legal Draughtsman at the end of the year.

219. The Nurses and Midwives Council appointed under the new Nurses and Midwives Ordinance, met for the first time in April. Later in the year it was discovered that the Nurses Ordinance, 1945, on which the amended Ordinance had been based, had never been implemented and that to legalise any action taken during the year an enabling Bill would be necessary. By the end of the year this had not been introduced into Legislative Council.

220. The Pharmacy and Poisons Board held five meetings mainly connected with amendment of the Pharmacy and Poisons Ordinance, which was ready for presentation to Legislative Council at the end of the year. As a result of co-ordination with the Boards in Tanganyika and Kenya considerable uniformity in the Legislation has been achieved.

221. In addition, the Director of Medical Services, or his representative, is a member of the following Boards or Committees:—

East African Advisory Committee for Medical Research.

The Tsetse Trypanosomiasis and Game Sub-Committee of the Natural Resources Committee.

The Standing Advisory Committee on Human Nutrition.

The Central Labour Advisory Board.

The Factories Advisory Board.

The African Housing Advisory Committee.

The Town and Country Planning Board.

And in addition on such unofficial bodies as the Red Cross Society and St. John's Ambulance Brigade.

IV.—CURATIVE SERVICES

A. HOSPITALS

MULAGO HOSPITAL, KAMPALA

222. Mulago Hospital with 628 beds is the largest hospital in the Protectorate. In addition to its functions as a general hospital, it plays an important part in the teaching of medical students from Makerere College Medical School, which is situated in close proximity to the hospital. There are also training schools for Nurses and Midwives and smaller ones for Dispensers and Radiographers.

223. The specialist staff is drawn from the Medical Faculty of Makerere College and the Uganda Medical Service.

224. Makerere College Medical Graduates serve their pre-registration period as interns at Mulago, which is recognised by certain Universities and Examining Bodies in the United Kingdom for pre-registration posts.

225. The prevailing shortage of staff and particularly of Doctors has made it most difficult to maintain the high standard necessary for a teaching hospital without seriously curtailing medical work in the provinces.

MEDICAL DIVISION

226. Research has been carried out on diarrhoea and vomiting in children, anæmia in kwashiorkor, the use of prednisone in the treatment of blackwater fever, pneumonias and other non-tuberculous respiratory infections. Splenomegaly, renal disease with particular reference to renal hypertension, arterial blood pressure in the general population and chemotherapy and resistance studies in pulmonary tuberculosis have also been investigated. The last investigation was undertaken in co-operation with the Tuberculosis Research Unit of the Medical Research Council. Published articles by members of the Medical Division are recorded in Appendix II.

227. Close liaison was maintained with the infantile malnutrition group of the Makerere Research Council.

SURGICAL DIVISION

228. The new operating theatre and its ancillary rooms were taken into use and redecoration and alterations to the two older theatres were begun.

229. Investigations were made into the use of very large doses of testosterone in Kaposi's sarcoma. It was found that it had little or no effect on the progress of the disease.

230. Several promising surgical operations have been developed for deformities and paralyses due to leprosy.

231. Altogether 7,884 operations were performed as compared with 7,805 in 1955.

232. The number of ophthalmic operations was 1,075. These are additions to the figures quoted above.

233. It was not possible to put into operation a definite programme of higher surgical training but a Senior Resident in the Surgical Division was sent to the United Kingdom on a two year scholarship, to enable him to take the examination for Fellowship of the Royal College of Surgeons and arrangements were also made during the year for two other officers to follow during 1957 to take the same examination.

DEPARTMENT OF OBSTETRICS AND GYNÆCOLOGY

234. In addition to the work in obstetrics and gynæcology this division has very important functions with regard to training. Medical students as well as midwives receive here an essential part of their training.

235. There were 2,795 deliveries in 1956 as compared with 1,912 in 1955 and 1,727 in 1954. This tremendous increase of work caused great anxiety. It has meant that patients often have to be nursed on the floor and after a normal confinement mothers have to go home on the second day. In addition to the obvious disadvantages of this practice, students and midwives in training are deprived of opportunities to learn the management of mothers during the puerperium and the care of babies during the early days of their life.

236. In the Gynæcological Department 1,033 patients were admitted, slightly less than in 1955 when 1,153 cases were admitted. 1,134 operations were performed as compared with 1,226 operations in 1955. The reduction in numbers was due to shortage of staff, necessitated by leaves, and to the closing of a ward for decoration.

PHYSIOTHERAPY

237. 453 in-patients were treated during the year, the majority in the surgical wards. A number of patients from up-country districts were able to live in the Salvation Army Ambulant Sick Hostel after discharge from hospital and to attend the Physiotherapy Department daily for treatment.

238. The number of out-patients treated during the year was 537. There were two main categories:—

1. *Children with sequelæ of poliomyelitis.*—80 children were treated, nearly all being under 4 years old, having paralysis of the leg muscles. Some were fitted with walking calipers.

2. *Patients with Hand Injuries.*—107 patients were treated. An important branch of this work which will inevitably increase in the future is the post-operative treatment of deformities due to leprosy.

BLOOD TRANSFUSION SERVICE

239. The department is once again indebted to the Red Cross for their valuable help in running this service.

WELFARE

240. The welfare work was co-ordinated by the Medico-social Section of Mulago Hospital. A full time European Welfare Officer is attached to the Nurses' Hostel and arranges numerous off-duty recreations. The improved living conditions and recreational facilities have greatly decreased the wastage rate of student nurses.

241. The Medico-social worker has numerous and complex functions which range from investigating pay claims of patients in hospital to following up cases of children infected with venereal disease; and from running a library to supplying money for food to destitute patients awaiting admission to hospital.

NAKASERO HOSPITAL, KAMPALA

242. Previously known as the European and Asian Hospital, the use of this institution is no longer restricted to the use of these two communities.

243. The Medical Superintendent makes some interesting observations on the changing disease pattern shown by the expatriate group. This change has been away from the "Tropical" diseases and towards the "European" group of diseases. Malaria is less common, blackwater fever is now rare and relapsing fever and trypanosomiasis are almost unknown: whereas poliomyelitis and injuries from motor car accidents and sport are an increasing cause of morbidity amongst the European community, which is predominately a young population. Different conditions are found amongst the Asians and the older groups show a considerable proportion of persons with arteriosclerosis and its complications, of diabetes and of malignancy.

HOSPITALS OUTSIDE KAMPALA

244. Mubende, Bombo and Mityana hospitals were transferred to the Buganda Government and are now administered by the Ministry of Health of the Kabaka's Government. Statistics of these hospitals and rural units in Buganda are included in this report in order to present an overall picture of the whole Protectorate. During 1956 the number of hospitals remained unchanged but owing to the most serious shortage of Medical Officers there was grave fear at one time that it might be necessary to down-grade one or more of the smaller hospitals to the status of dispensaries.

245. The District Hospitals remain the backbone of the curative services, accepting an enormous amount of work of the most varied nature.

246. The existing staff has suffered from the general shortage of trained personnel but has continued to accept an almost impossible load of work. This strain, however, cannot be borne much longer; waiting lists for elective surgery are already becoming necessary and the need for a more rapid turn-over calls for a shortened convalescence if beds are to be available for acute cases and emergencies. It is fortunate that a steady increase in the recruitment of Assistant Hospital Superintendents has relieved District Medical Officers of much of the routine administration work, thus freeing them for the duties for which they have been trained.

B. RURAL MEDICAL SERVICES

247. There were one hundred and sixty-two dispensaries in Uganda at the end of 1956, providing two thousand and thirty-two beds. Except in the Northern Province many have maternity units and the majority have at least a few beds for general cases. The type of construction varies from buildings of temporary materials to excellent buildings which could be used as hospitals if the trained staff were available. The distribution of dispensaries is shown in Table X below.

248. In Buganda no new dispensaries were built during the year although financial provision had been made for one. New wards and staff quarters were completed at Buikwe, Buvuma and Luwero; in the latter case owing to shortage of funds no equipment was available to enable the ward to open.

249. In the Northern Province two new dispensaries were opened in Lango at Dokolo and Teboke, and male and female wards were built at Anaka in Acholi. One dispensary in Acholi was closed as the structure collapsed. In the West Nile District sick lines in permanent materials were built at Okollo, Bondo and Warr and the dispensary at Pakwach was improved. In Madi a new dispensary is being built at Laropi to replace the old one and in Karamoja new out-patient accommodation is being built at Nabilatuk and Amundat.

250. In the Western Province two new dispensaries were built at Rugazi and Mabona and a dispensary to replace the old dispensary at Merama Hill was built at Chitwe. In Bunyoro, Kiziranfumbi dispensary was abandoned and a replacement built at Kikube, whilst Kigorobya dispensary was rebuilt. In Toro, Kisule dispensary was rebuilt and in Kigezi, at Rukungiri and Katete dispensaries new facilities for out-patients were added. A new ward was built on to the dispensary at Bukangali.

251. In the Eastern Province a start was made on the out-patient block at Kumi and it is intended to add wards at a later date. A dispensary was built at Walukuba Housing Estate to be administered by Jinja Municipality.

252. Dispensaries are built and structural repairs carried out by the African Local Governments, who provide the necessary finance.

253. Dispensaries (except in Mengo and Mubende) are staffed and supplied with drugs and equipment at the expense of the Protectorate Government. This arrangement is far from satisfactory as the Local Governments press to be allowed to build more and more dispensaries with their own funds, secure in the knowledge that the Protectorate Government will have to find the staff to run them and to meet recurrent costs. Owing to shortage of staff and finance the Medical Department finds itself in the

invidious position of having to discourage Local Governments from building more dispensaries, although medical facilities in the districts are far from adequate.

254. With a view to implementing the recommendations of the Frazer Committee that curative and preventative services should be more closely integrated, plans were drawn up for the establishment of four Pilot Health Centres, one in each province and one in Buganda. A useful degree of progress has been made at two of these, which were developed from existing dispensaries, one at Kisomoro at Toro and the other at Budaka in Bukedi.

The basic staff at these centres comprises the following:—

A Medical Assistant.

An Assistant Health Visitor.

A Midwife.

A Hygiene Orderly and such additional nursing staff as may be necessary.

255. It is hoped to provide the Health Inspector (E.A.) with an office at the centre, but as his duties may cover one or more counties, it will not be possible to limit his activities to the area served by the centre.

256. Whilst continuing to provide normal dispensary services, special attention is given to all persons resident in a defined area round the dispensary. Visits to the homes of the people who live in this area are made by the staff of the Health Centre to give advice and instruction on matters of health and hygiene in the home.

257. The following is the list of Medical Department Hospitals giving the authorised number of beds:—

TABLE IX

Summary of Units and Beds

Hospital	Number and category of beds						Remarks
	General	Maternity	Tuberculosis	Infectious	Mental	TOTAL	
Nakasero ..	92	28	—	—	—	120	
Mulago ..	477	86	65	—	—	628	
Butabika mental ..	—	—	—	—	104	104	
Mulago mental ..	—	—	—	—	322	322	
KAMPALA ..	569	114	65	—	426	1,174	Two units. No. 1, 87 beds. No. 2, 7 beds.
Entebbe ..	58	21	15	—	—	94	
Bombo (<i>Rural</i>) ..	47	—	—	—	—	47	
Mityana (<i>Rural</i>) ..	45	16	—	1	—	62	
Masaka ..	210	61	41	5	—	317	Two units. No. 1, 309 beds. No. 2, 8 beds.
Mubende ..	34	14	8	8	—	64	
BUGANDA (<i>excluding Kampala</i>) ..	394	112	64	14	—	584	
Jinja ..	245	33	16	14	—	308	Three units. No. 1 277 beds, No. 2, 23 beds, No. 3, 8 beds.
Namasagali ..	30	—	—	—	—	30	Two units. No. 1, 4 beds. No. 2, 173 beds.
Mbale ..	137	22	12	6	—	177	
Tororo ..	138	26	—	8	—	172	
Soroti ..	67	14	—	6	—	87	
EASTERN PROVINCE	617	95	28	34	—	774	
Moroto ..	45	—	—	—	—	45	
Lira ..	83	23	12	12	—	130	
Gulu ..	74	12	6	—	—	92	
Kitgum (<i>Rural</i>) ..	30	9	2	2	—	43	
Arua ..	52	6	16	12	—	86	
Moyo ..	27	4	2	6	—	39	
NORTHERN PROVINCE	311	54	38	32	—	435	
Masindi (<i>Rural</i>) ..	33	19	—	5	—	57	
Hoima ..	34	14	—	4	—	52	
Fort Portal ..	68	10	—	—	—	78	
Mbarara ..	80	21	15	—	—	116	
Kabale ..	79	12	—	11	—	102	
WESTERN PROVINCE	294	76	15	20	—	405	
TOTALS ..	2,185	451	210	100	426	3,372	

TABLE X
AFRICAN LOCAL GOVERNMENT RURAL UNITS
BEDS

				Number of units	General	Maternity	TOTAL
Buganda .. .. .	..	..	..	37	298	143	441
Eastern Province .. .. .	..	..	..	40	640	179	819
Northern Province .. .. .	..	..	..	44	256	0	256
Western Province .. .. .	..	..	..	41	354	88	442
TOTALS ..				162	1,548	410	1,958

NOTE.—For details of individual units see Appendix No. VI (d).

TABLE XI
HOSPITAL BEDS IN OTHER INSTITUTIONS

				Mission hospitals	Mission dispensaries & maternity centres	Employers of labour hospitals	Military hospitals	Nursing homes	Prisons
Kampala area .. .. .	..	..	..	498	—	—	—	—	—
Buganda (<i>excluding Kampala area</i>)				482	225	110	—	18	30
Eastern Province .. .. .	..	..	..	257	68	125	28	16	—
Northern Province .. .. .	..	..	..	105	99	—	—	—	—
Western Province .. .. .	..	..	..	150	30	115	—	—	—
TOTAL ..				1,492	422	350	28	34	30

GRAND TOTAL 2,356

NOTE.—Mengo, Nsambya and Rubaga are included in the Kampala area.

TABLE XII
Comparative Summary of Patients Treated

	Buganda	Eastern Province	Northern Province	Western Province	TOTAL
IN-PATIENTS—					
Hospitals—					
Europeans	1,339	300	—	1	1,640
Asians	2,217	670	12	74	2,973
Africans	35,099	20,456	14,760	11,819	82,134
All races	38,655	21,426	14,772	11,894	86,747
Dispensaries	8,930	26,380	7,938	10,105	53,353
TOTAL ADMISSIONS ..	47,585	47,806	22,710	21,999	140,100
OUT-PATIENTS—					
Hospitals—					
Europeans	8,227	4,374	1,124	1,053	14,778
Asians	11,172	9,116	427	572	21,287
Africans	303,080	216,129	182,357	136,382	837,948
All races	322,479	229,619	183,908	138,007	874,013
Dispensaries	430,738	653,808	476,740	361,734	1,923,020
TOTAL OUT-PATIENTS ..	753,217	883,427	660,648	499,741	2,797,033
RE-ATTENDANCES—					
Hospitals					
Europeans	376,403	139,065	223,079	114,157	852,704
Dispensaries	402,645	474,282	533,166	346,640	1,756,733
TOTAL ATTENDANCES ..	1,532,265	1,496,774	1,416,893	960,538	5,406,470
DEATHS—					
Hospitals—					
Europeans	10	2	—	1	13
Asians	42	24	1	2	69
Africans	1,339	830	425	290	2,884
All races	1,391	856	426	293	2,966
Dispensaries	231	569	211	235	1,246
TOTAL DEATHS ..	1,622	1,425	637	528	4,212

NOTE.—Dispensaries include aid posts and maternity centres.

TABLE XIII
Attendances at Government Dispensaries

	New out-patients	Re-attendance	In-patients	Deaths
WESTERN PROVINCE—				
Toro	115,809	94,621	1,907	47
Ankole	84,625	74,779	3,585	67
Bunyoro	62,774	71,886	370	13
Kigezi	98,526	105,354	4,243	108
TOTAL ..	361,734	346,640	10,105	235
EASTERN PROVINCE—				
Teso	233,629	221,786	6,141	112
Bugisu, Mbale	204,937	154,953	10,729	165
Bukedi, Tororo	79,693	52,538	2,147	55
Busoga	135,549	45,005	7,363	237
TOTAL ..	653,808	474,282	26,380	569

				New out- patients	Re- attendance	In- patients	Deaths
NORTHERN PROVINCE—							
Lango ..	..	..	..	172,173	126,221	3,370	51
Acholi ..	..	..	..	90,407	122,691	1,659	23
West Nile ..	..	..	..	156,894	210,617	2,258	110
Karamoja ..	..	..	..	22,361	23,183	—	—
Madi ..	..	..	..	34,905	50,454	651	27
TOTAL ..				476,740	533,166	7,938	211
KAMPALA ..	..	..	..	61,924	48,305	—	—
BUGANDA—							
Mubende ..	..	..	..	50,228	65,332	1,244	21
Masaka ..	..	..	..	60,330	52,475	3,353	80
Mengo ..	..	..	..	258,256	236,533	4,333	130
TOTAL ..				368,814	354,340	8,930	231
GRAND TOTAL ..				1,923,020	1,756,732	53,353	1,246

D. MENTAL HOSPITAL AND MENTAL HEALTH

258. The implementation of the scheme for the building of a new hospital at Butabika, about 6 miles from Kampala, has made it necessary to administer two separate institutions, for as soon as accommodation is available at Butabika, patients have been transferred from the overcrowded Mulago Mental Hospital. When completed the Butabika Hospital will cost £440,000 and will have accommodation for 1,000 patients.

STAFF

259. The qualified medical staff consists of the Specialist Alienist, who also acts as Medical Superintendent, and one Medical Officer.

260. There were established posts for 11 qualified male and female mental nurses, 7 of which were filled. Difficulties in recruitment resulted in 4 vacancies at the end of the year.

261. Much of the work entailed in the care of the patients is carried out by African attendants, the large majority of whom have had no formal course of training. There are plans to build a training school for mental nurses at the new hospital. To assist in the administration, an Assistant Hospital Superintendent was appointed in the latter part of the year.

PATIENTS UNDER TREATMENT

262. Two Europeans were admitted for a short period and 38 others were under psychiatric care or received treatment, but it was not necessary to admit them to the Mental Hospital. Eighteen Asian patients were admitted four of whom were voluntary admissions; ten other Asian patients were under psychiatric care outside the Mental Hospital.

263. The following table gives details of the total admissions. Only a liberal discharge policy made it possible to keep numbers within the scope of the accommodation and staff available.

TABLE XIV
Admissions, Deaths and Discharges, 1956

New	Readmissions	Total	Deaths	Discharges	Total in Hospital at end of year
626	26	652	81	634	558

In all, 42 voluntary patients were admitted for treatment.

264. At the end of the year the tribal distribution of patients was as follows:—

Baganda	...	...	153
Banyaruwanda	...	...	62
Teso	...	...	37
Bachiga	...	...	31
Banyankole	...	...	27
Lango	...	...	27
Batoro	...	...	25
Other tribes	...	...	190

The repatriation of 40 Ruanda patients was made in March, but since then all further attempts to repatriate Ruanda patients have failed, but negotiations continue with the Belgian authorities.

TREATMENTS

265. *Electro Convulsant Therapy*.—482 patients received this treatment during the year. It has a valuable specific effect on the treatment of mania and depression. On confused and excited patients it has only a temporary sedative effect. Six lung abscesses occurred, but responded fairly quickly to antibiotic treatment and there were no deaths. No fractures of the long bones occurred.

266. *Insulin*.—This treatment was discontinued owing to the shortage of trained staff. Recently several authorities have thrown doubt on the efficacy of this treatment.

267. *Chlorpromazine*.—This is a useful sedative but its high price and toxic properties have restricted its employment to the treatment only of acutely disturbed cases of good prognosis.

268. *Leucotomy*.—Three further cases were operated on during the year; one has since died from an unrelated cause and the other two patients are very much improved.

269. *Occupational Therapy*.—Many patients have been employed making mats and pottery. Approximately 150 patients work on the vegetable garden each day.

CRIMINAL LUNATICS

270. Thirty-one criminal patients were admitted during the year, a vast increase on the figures for previous years. This caused a crisis in the accommodation problem on the male side and work was commenced to convert a ward shelter into a 20-bedded ward for criminals. A security fence is being built, which will separate these patients from the others. Female criminal lunatics are not separated from the other female patients as their conduct is not noticeably worse than that of the others.

DEATHS

271. Eighty-one patients died, ten within a week and 27 within three months of admission. 22 died from general paralysis of the insane and 7 from tuberculosis. In 3 cases death was accelerated by violence from others and one patient committed suicide by hanging. Only five patients who died were estimated as being over 60 years of age.

GENERAL

272. The hospital now has its own vote for buildings and maintenance; previously it was included in the Mulago General Hospital vote. As a result there has been an improvement in maintenance and decoration.

ACCOMMODATION

273. *Sick wards and observation wards.*—These are not overcrowded since the number of patients remaining in this hospital has fallen.

274. *Other wards.*—In Mulago the space available to patients on the other wards is so limited that the risk of spread of infectious disease is forever present; and quarrels occur very readily when impulsive patients are herded together.

275. *Cells.*—The blocks of cells on the male and female sides have been closed and are being used for stores. The staff are encouraged to avoid seclusion of patients wherever possible. A few trusted patients are allowed freedom of the grounds.

ENTERTAINMENTS

276. The following have visited the Mental Hospital during the year:—

Uganda Police Band.

Boys from Mtuga School have given an entertainment of plays and songs.

The Hindu Community gave an entertainment on a Diwali night.

Fr. Cornelius gave a conjuring show.

Toc H, Kampala, sang carols and presented nativity scenes and readings at Christmas.

Miss Allen, Prisons Welfare Department, gave a Lantern Slide Show.

VOLUNTARY ASSOCIATIONS

277. A voluntary association was inaugurated in November and a Committee has been set up of 5 European, 5 Asian and 5 African members. The Catholic, Protestant and Moslem Churches are represented and other members have been drawn from voluntary bodies. The aims of this organisation are to provoke a general interest in the hospital and to provide personal services to the patients in giving small gifts; the collection of clothes for discharged patients; bringing in volunteer visitors to the patients who can appreciate these services, providing entertainments; giving publicity to the work of the Mental Hospital to reduce stigma and to help to relieve the plight of the discharged patients.

278. Talks have been given to Saza Chiefs, Probation Officers, Police Officers in training and the Y.W.C.A.

OFFICIAL VISITORS

279. An amended list of nine Official Visitors was published in the Gazette in December.

E. DENTAL SERVICES

280. One post of dental officer remained unfilled throughout the year. Full-time Government Dental Officers were posted to Mulago and Nakasero hospitals in Kampala and to Entebbe and Jinja. Private dental practitioners were employed part-time at Fort Portal and Kampala and an arrangement was made for a dental officer attached to the Church Missionary Society, Ngora, to carry out part-time work at Mbale.

281. Work continues to increase; for instance at Mulago attendances rose to 18,210, 1,400 more than in the previous year, and at Jinja from 1,920 to 2,700.

282. The Dental Surgeon at Mulago, where the patients are almost 100% African, records that a surprisingly large number came 100 miles or more for treatment.

283. The Dental Surgeon at Jinja managed to find the time to lecture to the school boys at Busoga College on oral and dental topics. At Mulago regular instruction was given to Medical Students and to Medical Officers; and on a visit to the Medical Assistants' Refresher Course at Masaka a lecture demonstration was given and free dental treatment was provided for the students in the Medical Department.

TRAINING SCHOOL

284. It is becoming increasingly obvious that there is a need for training of dental assistants in order to permit the qualified staff to concentrate on conservative work. Already two Nursing Orderlies are attached to the Dental Surgeon at Mulago and carry out scalings, extractions and X-ray examinations.

285. Since 1951 it has been found that caries incidence (by D.M.F. index and ignoring wisdom teeth) is three times as high amongst Baganda girls entering the Preliminary Training School for Nurses, as among those of other tribes taken together; whereas in 1946 Mrs. Darling found no difference between the school children of various tribes.

286. During 1956 an investigation on non-Baganda nurses showed that the rate of new decay per annum during training was double that of previous years; but in Buganda it was found to be five times as great as in pre-training years and eight times as much as in non-Baganda girls. Why there should be such divergence between two groups leading parallel lives is unknown.

287. One dentist records a rate of 10·5% of broken appointments. This is a source of great annoyance to a busy practitioner.

TABLE XV
SUMMARY OF WORK CARRIED OUT IN DENTAL UNITS

	Nakasero		Mulago		Jinja		Entebbe		Total	
	1955	1956	1955	1956	1955	1956	1955	1956	1955	1956
Extractions	945	475	10,734	12,449	602	562	378	477	12,659	13,963
Conservative treatment										
Scalings	605	150	2,417	2,158	166	183	161	425	3,349	2,916
Fillings	1,724	328	325	452	740	863	738	1,374	3,527	3,017
Crowns, inlays, bridges	8	15	2	—	13	8	6	11	29	32
Protheses—										
New dentures ..	75	66	3	7	63	56	9	54	150	183
Repairs, additions etc.	57	14	5	2	82	62	6	31	150	109
Orthodontic appliances	12	14	—	1	9	1	1	5	22	21
Surgical appliances	5	4	3	6	1	—	—	8	9	20
TOTAL ATTENDANCES	3,989	1,622	16,875	18,226	1,920	2,770	2,168	3,797	24,952	26,415

N.B.—NAKASERO. Owing to the absence of the Government Dental Surgeon, it was possible to provide services on a reduced scale only for a large part of 1956.

F. RADIOLOGICAL SERVICES

288. The Medical Officer in charge of the Radiological Section of the department was away on study leave for eight months of the year. The full strength of the section is one Medical Officer, five qualified radiographers, two qualified Assistant Radiographers and one Receptionist. In addition there are two clerical assistants and five dark room attendants.

289. A new four valve Watson X-ray Generator arrived for the Nakasero Hospital, Kampala, in January, but owing to delays in installation it could not be put into use until March. A smaller Watson (100 m.a.) set arrived in March. This set is to replace a smaller unit (50 m.a.) which will be transferred to Mbarara. Two new tube columns were installed in the Mulago Unit at Kampala.

290. X-ray maintenance is now carried out by agents for Messrs. Phillips (T.O.M.) under contract and is working satisfactorily. The larger X-ray sets in the Mulago Unit are beginning to wear out and will require a major factory overhaul in a year or so. The main bulk of large size film is obtained locally but a certain number of special and miniature films are ordered through the Crown Agents.

291. A total of 3,463 examinations was carried out on 3,001 patients at the Nakasero Hospital. The 1955 figures were 3,321 on 2,995 patients. At the Mulago X-ray Unit 11,973 examinations were carried out on 11,832 patients. This represents a further rise of 28% over the 1955 total of patients. It is of interest to note that the installation of X-ray sets at Jinja and Mbale have made no difference whatever to the increased demand for X-rays in Kampala; this continues to rise by 25% to 30% each year.

292. The main classes of examinations carried out at the Nakasero and Mulago hospitals in Kampala were as follows:—

Lungs and pleura (large sized films)	...	5,907
Lungs and pleura (miniature)	...	1,989
Heart (large sized films)	...	97
Heart (miniature)	...	36
Sinuses and mastoids	...	108
Barium meals	...	100
Barium enemas	...	19
Pregnancy and pelvimetry	...	260
Skull	...	411
Mandible and teeth	...	151
Cervical spine	...	94
Dorsal spine	...	175
Lumbar spine and pelvis	...	771
Intravenous pyelograms	...	141
Retrograde pyelograms	...	160
Plain urinary tract	...	91
Bronchograms	...	14
Salpingograms	...	6
Plain gallbladder and cholecystograms	...	96
Limbs and shoulder girdle	...	4,383

293. Twice as many examinations were carried out on in-patients compared with out-patients: in the United Kingdom the ratio is about five out-patient examinations to two on in-patients.

294. Four students commenced training as Assistant Radiographers at the beginning of the year. One was discharged for disobedience, a second resigned and a third went on to the Nairobi Technical College leaving only one under training. This does not bode well for the expansion of X-ray facilities to the districts.

295. The standard of the work has been high and films demonstrated in the United Kingdom were very favourably commented upon by every Radiologist and Senior Radiographer who saw them.

296. Portable X-ray machines in the charge of Assistant Radiographers have provided useful service at Jinja and Mbale. At the end of the year new buildings to house larger sets were under construction at both these stations and at Mbarara.

297. At Masaka a large set was being installed in the new out-patient block.

G. PHARMACEUTICAL SERVICES

298. The staff of Pharmacists was deficient throughout the year. One vacancy for a Pharmacist remained unfilled at the end of the year.

299. The need for the secondment of a Pharmacist to take charge of the medical store of the Kabaka's Government at Mengo threw an additional burden on the remaining three Pharmacists. The post of Inspector of Drugs remained unfilled. It is essential that an appointment should be made to this post if the Pharmacy and Poisons Ordinance is to be properly administered.

300. Total expenditure from votes controlled by the Chief Pharmacist was £299,760. The prices of most goods had steadied before the beginning of 1956 and there were few increases during the year. Freight, however, was increased when shipping was compelled to travel round the Cape owing to the blocking of the Suez Canal.

301. The system of allocating a sum of money to each unit was continued and worked fairly satisfactorily but it is still most difficult to prevent overspending. Large indents for all standard list items were placed on the Crown Agents early in the financial year. This procedure was adopted in an attempt to ensure that as large consignments as possible would be delivered before the end of the year; unfortunately the Suez affairs prevented early delivery. In spite of this there were few shortages, the most important being P.A.S., and it became necessary to obtain supplies by air.

302. The Medical Stores Advisory Committee met five times. These meetings provided a valuable opportunity for exchanges of opinions between the clinicians and the administrators.

303. An electrode boiler was installed in the pharmacy section of the Medical Store at Entebbe and supplied steam to a steriliser, a still and boiling pans. Work in the manufacturing and laboratory section of the Medical Store progressed satisfactorily. Attached is a list of the preparations manufactured with a comparison of the quantities produced in the previous year.

Item	Unit	1955	1956
		Quantity	Quantity
Aqua Dest. sterile (water for Inj. U.F.)	<i>litres</i>	127	243·250
Inj. bismuth oxide 20 ml	<i>bottles</i>	4,890	2,280
Inj. bismuth oxide 15 ml	<i>bottles</i>	10,790	1,162
Inj. quinine dihydrochloride 25 ml	<i>bottles</i>	830	—
Inj. quinine dihydrochloride 20 ml	<i>bottles</i>	2,920	5,250
Inj. quinine dihydrochloride 15 ml	<i>bottles</i>	4,630	9,270
Inj. glucose 5% in water U.F. 500 ml	<i>litres</i>	1,279	1,629
Inj. hydnocarpus oil creosoted 500 ml	<i>litres</i>	19	—
Inj. paraldehyde 8 ml	<i>amps</i>	740	—
Inj. normal saline sterile 15 ml. 500 ml	<i>litres</i>	1,382	1,459·200
Inj. emetine hydrochloride B.P. 10"	<i>bottles</i>	—	310
Sterile solution anticoagulant 120"	<i>litres</i>	60	12·720
Solution potash	<i>litres</i>	5	—
Castellani's paint	<i>litres</i>	5	—
Mist. magnesium hydroxide	<i>litres</i>	10	50
Mist. sennae aperiens	<i>litres</i>	94	190
Mist. cough	<i>litres</i>	92	28
Infusion sennae Conc.	<i>litres</i>	14	11
Infusion gentian Co. Conc.	<i>litres</i>	200	224·500
Tincture belladonna	<i>litres</i>	14	91
Tincture benzoin Co.	<i>litres</i>	431	378
Tincture ipecac	<i>litres</i>	898	1,294·500
Tincture opii Camph.	<i>litres</i>	688	1,242
Tincture chloroform et morphine B.P.C.	<i>litres</i>	44	—
Tincture opii (D.D.A.)	<i>litres</i>	109	97·500
Tincture capsicum fort	<i>litres</i>	55	—
Extract cascara sagrada Liq.	<i>litres</i>	19	78
Extract glycyrrhizae Liq.	<i>pints</i>	15	20
Liq. hydrogen peroxide 20 Vols.	<i>litres</i>	115	165·500
Liq. plumbi subacetate fort	<i>litres</i>	31	—
Liq. iodine mitis	<i>litres</i>	181	293
Liq. arsenicalis	<i>litres</i>	44	—
Liq. adrenaline hydrochlor 1:1,000	<i>litres</i>	2	—
Liniment universalis	<i>litres</i>	3,762	1,980
Lactose sterilised	<i>Gm.</i>	84,610	90,500
Lotion proflavine 1:1,000	<i>litres</i>	35	—
Spray gammexane 0·65% U.F.	<i>litres</i>	1,386	2,178
Spray pyrethrum U.F.	<i>litres</i>	1,980	1,584
Spray D.D.T. and pyrethrum	<i>litres</i>	4,258	6,732
Ointment simplex	<i>Kg.</i>	4,177	3,400
Ointment sulphur	<i>Kg.</i>	2,550	3,555
Ointment hydrarg ammon	<i>Kg.</i>	—	200
Emulsion benzyl benzoate	<i>litres</i>	261	777
Cataplasma kaolin	<i>Kg.</i>	536	241
Reagent benedictus Qual.	<i>litres</i>	97	98·500
Sapo mollis	<i>Kg.</i>	3,560	2,800
Eye drops sulphacetamide 30% 15 ml	<i>litres</i>	73	48
Eye drops factory	<i>litres</i>	1	—
Polish furniture	<i>Kg.</i>	48	88·636
Polish floor	<i>Kg.</i>	—	170
Spirit Ammon. aromatic	<i>litres</i>	10	—
Syrup simplex	<i>Kg.</i>	20	—
Cocain hydrochlor Gr. 1/2 suppositories D.D.A. ..	<i>enules</i>	36	—

304. The list shows clearly the decline in the use of injection Bismuth Oxide whereas preparation of injection Quinine, Emulsion Benzyl Benzoate and Sulphur Ointment had to be increased to meet the demand. Glucose and Saline Intravenous solutions were needed in larger quantities and sterile Lactose for the preparation of Penicillin Dusting Powder reached a new high figure of 90½ kilos.

305. The known losses were the lowest on record, due to reorganisation within the Medical Store. Spot checks carried out by senior officers kept all concerned on their toes.

H. AMBULANCES AND TRANSPORT

306. The high rate of utilisation obtained in 1955 was maintained throughout 1956, and a replacement vehicle service was introduced which ensured that those stations where vehicles were withdrawn for major repair work were not left without transport. The departmental garage had a busy year with an increase in the amount of work being undertaken when compared with 1955; 386 major overhauls were completed and 34 vehicles were completely spray-painted. In addition, normal maintenance was carried out on all departmental vehicles including those stationed at distant units. As a result of regular maintenance, expenditure on repairs at district stations has been drastically reduced.

307. It is of interest to note that although the fleet increased in size during the year, the accident rate was the same as that for 1955, there being 11 accidents involving Medical Department vehicles, of which only five were attributed to the fault of the departmental driver. The majority of these accidents were of a minor nature. There were fewer changes in the drivers' establishment than previously, and this may be an important factor in accounting for the low accident figure. In this connection, it is most satisfying to record that none of the lorries used for the delivery of stores were involved in a single accident, and when the distances covered by these vehicles during the year is taken into consideration, this is a record worthy of note.

308. On devolution of rural health services in Buganda the ambulance services in Mubende and Mengo, excluding Mulago hospital, were taken over by H.H. the Kabaka's Government, and two vehicles were transferred for this purpose. One other vehicle was handed over for use by the Mengo Medical Store.

309. The year saw the introduction into the fleet of new types of vehicles. Bedford C.A. van ambulance conversions and diesel lorries for the long distance stores delivery service have proved successful in service, particularly the latter which have enabled economies to be effected in the expenditure on fuel. A Ferguson tractor with ancillaries was purchased for the Mental Hospital to enable an agricultural programme to be undertaken, intended to provide occupational therapy for the mental patients and at the same time supply fresh vegetables to the hospital. Two motor cycles were obtained for the Entomological Division for use in areas unsuitable for other forms of motor transport and a vehicle, specially fitted out in the departmental garage, was sent to the West Nile District for sleeping sickness survey work. An ambulance equipped for handling casualties in the event of an aircraft accident was stationed at Entebbe Airport.

310. A supply of anti-poliomyelitis vaccine was received during the year and the transport section was faced with a difficult problem regarding its delivery to district stations. Both air and road communications were used, necessitating strict adherence to a carefully prepared timetable.

311. African Local Governments continued to display interest in the provision of ambulance transport. One district received its first ambulance from the Local Government while others received their second and third vehicles. It is considered that this is one aspect of the Medical Services in which African Local Governments can play a prominent part, and it is hoped that they will continue to maintain and expand this service wherever they can within their districts.

TABLE XVI

	1952	1953	1954	1955	1956
New vehicles obtained	4	11	14	9	15
Old vehicles written off	12	14	9	3	6
Average age of vehicles in years ..	—	7	2	3	2
Transferred to His Highness the Kabaka's Government	—	—	—	—	3
Number of ambulances at the end of the year	14	10	5	6	9
Number of cars, vans and trucks at the end of the year	21	22	32	37	36
Motor cycles	—	—	—	—	2
Tractor	—	—	—	—	1
Trailer	—	—	—	—	1
Total number of vehicles at the end of the year	35	32	37	43	49

I. SPECIALIST SERVICES

312. A new post of Ear, Nose and Throat Specialist was created following the recommendations of the Frazer Committee, but by the end of the year no candidate had been appointed to the vacancy. The post of Specialist Alienist was filled early in the year.

313. Specialist services were provided whenever possible for the district by the posting of Special Grade Medical Officers with higher medical or surgical qualifications. Mbale has a surgeon and physician and Masaka a surgeon and the holder of a higher qualification in midwifery and gynæcology.

314. Masaka and Jinja are visited at regular intervals by Specialists from Mulago and visits are made to the Provinces as frequently as the work will allow.

315. The appointment of an Honorary Consultant Dental Surgeon to the Nakasero hospital was made during the year.

316. The East African Association of Surgeons and the East African Association of Physicians continued their planning for post graduate training; only shortage of staff prevents the appointment of Registrars to the Medical and Surgical Divisions at Mulago Hospital.

317. Two Medical officers (East Africa) are at present in the United Kingdom undergoing courses of study for higher qualifications, one for the D.P.M. and the other for the F.R.C.S. During the year one Medical officer (East Africa) returned having taken the course for a Diploma in Ophthalmology.

318. A summary of the entries in the various professional registers is given below :—

Registration of Professional Persons

Register				Number at 31-12-53	Names added in 1956	Names removed in 1956	Number at 31-12-56
Doctors—							
Registered	..	..	..	255	40	5	290
Provisionally registered	..	..	..	5	7	2	10
Licenced	..	..	..	41	14	2	53
Dentists—							
Registered	..	..	..	14	2	1	15
Licenced	..	..	..	5	2	—	7
Under permit	..	..	..	1	—	—	1
Pharmacists	..	..	..	30	6	12	24
Midwives—							
C.M.B. Standard	..	..	..	144	24	5	163
Locally trained	..	..	..	750	53	—	803
Nurses—							
State registered*	..	..	..	—	—	—	136
Certificated*	..	..	..	—	—	—	336
Medical Assistants*	..	..	..	—	—	—	284
Nursing Orderlies*	..	..	..	—	—	—	189

*1956 was the first year of registration.

J. MISSION HOSPITAL MEDICAL SERVICES

319. Recommendations were made in the Frazer Report concerning the relationship between the Government and Missions providing medical services, either in hospitals, maternity units or dispensaries.

320. The majority of these recommendations were accepted by Government and resulted in the setting up of a Medical Bureau by both the Protestant and Roman Catholic Missions. This procedure was designed to channel all correspondence and negotiations through one or other of these Bureaux and to obviate the need for direct approaches to Government by the numerous individual Missions.

321. At meetings convened by the Ministry of Social Services, and attended by all interested parties, matters were discussed in regard to grants-in-aid to missions for hospital services and training of ancillary nursing personnel. By the end of the year the drawing up of suitable rules was nearing completion.

322. Under the new legislation the Nurses and Midwives Council has recognised the Nursing and Midwifery Schools at Mengo (C.M.S.)

and the Midwifery School at Nsambya (R.C.) for training. Inspections have also been made of other Missions who propose to open training schools, and advice as to the requirements of the Council has been given.

323. The Teso African Local Government have made an arrangement with Ngora Mission to run, on an agency basis, the maternity ward which the A.L.G. had built and equipped. The mission provides the professional and technical staff for which reimbursements are made by the A.L.G. In addition the mission receives a grant of Shs. 30 for each live baby which is delivered in the Unit.

324. The missions have continued to co-operate with the Protectorate Government and the African Local Governments in the care and treatment of patients suffering from leprosy. Hospitals or Settlements are maintained and supervised by Missions at Kumi-Ongino, Buluba, Lake Bunyoni, Nyenga and Kuluva.

325. Figures of the number of maternity cases delivered in mission hospitals are included under Section III-E, Maternity and Child Welfare.

V.—LABORATORY SERVICES

A. DISTRICT LABORATORIES

326. Almost all records show a general increase above 1955, which reflects credit on the Laboratory staff. It has not been possible this year to increase the number of Laboratory Assistants, so that without any new Laboratory Orderlies being trained a dead line will eventually emerge. The provision of facilities for diagnostic bacteriology at any more centres is only possible by transferring staff and equipment from those at present in action.

327. Tests done in the district bacteriology laboratories during 1956 comprise :—

			Masaka	Mbale	Gulu	Fort-Portal	Jinja
Blood cultures	..	..	86	14	7	92	168
Stool cultures	..	..	30	45	—	58	169
Urine cultures	..	..	13	30	1	—	—
Other cultures	..	..	13	20	4	20	119
Widal tests	..	..	253	109	105	} 426	163
Weil-Felix tests	..	..	18	55	—		27
Kahn tests	..	..	1,023	5,683	2,406		2,979
TOTAL ..			1,436	5,956	2,524	1,448	3,625

328. It is encouraging to see that blood-culture is being employed to a greater extent than previously in the diagnosis of enteric fever. It seems that clearance tests on excreta, to disprove a temporary carrier-stage, might be more frequently carried out. Brucellosis has been diagnosed serologically in seven patients, six of them being in one hospital (African, Fort Portal).

329. Kala-azar has been confirmed in several patients from Karamoja district.

330. The bulk of examinations shows a trifling increase in general parasitology. The details are tabulated below:—

Station	Total Specimens	Blood Slides	Stools	Sputa	Genital Smears
Masaka	23,901	9,142	3,509	2,554	1,452
Mbale	22,858	5,649	4,638	662	139
Gulu	17,815*	5,702	6,343	486	659
Jinja	20,781	5,009	3,069	821	323
Fort Portal	18,187	6,162	5,186	832	1,213
Other Laboratories in:—					
Buganda (Entebbe only)	5,687	1,970	1,249	525	153
Eastern Province ..	21,173	7,068	5,869	1,212	2,844
Western Province ..	36,997	16,729	8,128	3,164	2,529
Northern Province ..	37,802	13,627	14,383	1,494	2,009

*African patients only.

B. KAMPALA LABORATORIES

331. The distribution of work in various units in Kampala remained as in 1955. Laboratory Assistants in the department numbered 53, of these 29 were stationed in Kampala and 24 in district hospitals. One extra Laboratory Assistant was loaned for the investigations carried out in the pædiatric wards of Mulago. Even so, the small hutted laboratory for the general work of Mulago Hospital was proving too small to allow any expansion to be undertaken, for instance, an adequate clinical bacteriology section. Improved accommodation was made available at Nakasero Hospital, but owing to leave and illness it was not possible to appoint one pathologist to supervise the work there throughout the year.

332. The medical laboratory staff undertook part of the teaching of hæmatology and parasitology and of forensic medicine to first and second year medical students.

333. Research was continued into abnormal hæmoglobins responsible for disease among Indians in Uganda; sickling into relation to morbidity from malaria among Uganda tribes; the sickle cell gene; and the natural history of sickle cell anæmia. An investigation was started on Kaposi tumours, the main emphasis being on the histology and transmissibility to animals.

BACTERIOLOGY

334. Bacteriological work included the isolation of strains of *M. tuberculosis* from patients in the New Medical Research Council chemotherapy trial, which was carried out in conjunction with other East African territories; the final testing of all strains being made at the British Post-graduate Medical School, Hammersmith.

335. Bacteriological tests of water and milk samples numbered 108 of which 53 originated in Entebbe, Jinja and Kampala. Tests of pharmaceutical preparations numbered 369.

BIOCHEMISTRY

336. Biochemical examinations show a great increase since the appointment in 1955 of a Biochemist to work at Mulago. Total specimens were 3,928 summarised as follows:—

	MEDICAL LABORATORY			
	African	Asian	European	Mulago
Blood urea	33	65	30	556
Blood sugar	20	82	36	82
Glucose tolerance tests	6	32	12	17
Gastric analysis	23	31	23	49
Urea clearance tests	—	—	1	60
Urine dilution tests	—	—	—	61
Urine concentration tests	—	—	—	111
Thymol turbidity	9	3	1	135
Serum bilirubin	13	13	6	175
Serum proteins	15	5	2	359
Serum cholesterol	—	—	—	152
Serum phosphatase	5	2	2	89
Serum chlorides	1	1	2	32
Serum amylase	5	10	6	30
Serum potassium	—	1	—	35
Serum sodium	—	—	—	41
Serum bicarbonate	—	1	1	33
Electrophoresis	—	—	—	108
Faecal stercobilin	—	—	—	19
*Miscellaneous	12	26	22	100
Ascitic pleural fluids	4	1	—	135
TOTAL (blood and excreta)	146	273	144	2,379
Cerebro-spinal fluid	—	—	—	—
Chemical analysis	57	31	14	290
Lange test	28	7	4	565
TOTAL EXAMINATIONS	231	311	162	3,234

*Miscellaneous includes blood ammonia, uric acid; serum iron, calcium; haemoglobin pigment and trypsin estimation in faeces.

337. BLOOD TRANSFUSION

Donors tested				African	Asian	European	TOTAL
Red Cross donors .. .. .	..	..	..	809	321	64	1,294
Other donors .. .. .	..	..	..	12	163	17	192
Patients tested							
Grouping ABO .. .. .	..	..	..	1,514	751	257	
Grouping Rh (D) .. .. .	..	..	..	37	715	240	
Cross matching .. .. .	..	..	..	867	137	31	

HÆMATOLOGY

338. Examinations numbered 16,682 in Kampala Laboratories, including 306 total blood counts on patients referred to the Pathologists for investigations. A further 3,435 examinations, mainly hæmoglobin estimation and determination of sickling, were carried out at various Child Welfare Clinics.

PARASITOLOGY

339. Blood smears examined for malaria parasites totalled 26,436 with the following results:—

				Mulago	Child welfare	Nakasero	Med. Lab.
P. falciparum	..	..	..	4,326	421	78	364
P. malariae	..	..	..	226	10	1	2
P. vivax	..	..	..	56	4	1	—
P. ovale	..	..	..	10	1	—	—
Slides examined	..	..	..	20,203	3,020	1,527	1,686

340. Trypanosomes have been identified in 3 blood films only, although 6 cases of trypanosomiasis were recorded at autopsy.

341. Leishman-Donovan bodies were confirmed in several spleen smears sent to the Medical Laboratory from Karamoja District. This is thought to be the first occasion on which the occurrence of kala-azar has been confirmed in Uganda.

342. STOOL EXAMINATIONS

				Mulago	Nakasero	Med. Lab.
Hookworm ova	..	..		3,675	11	117
Ascaris ova	..	..		429	8	23
Taenia ova	..	..		409	1	10
Schistosoma ova	..	..		149	—	4
Stools examined	..	..		10,086	981	808

PATHOLOGY

343. A total of 2,507 blocks was prepared from material received from the following sources:—

					Cases.
Autopsies	...	...	...	...	207
Surgical specimens, Mulago Hospital	...				500
District hospitals	...	...			427
Mission hospitals	...	...			159
Nakasero Hospital, Kampala	...				168

344. Sections of all malignant tumours reported were filed with the Kampala Cancer Registry under the charge of Professor J. N. P. Davies.

345. Four hundred and thirty-eight autopsies, representing 42% of the number of patients dying, were performed at Mulago Hospital by members of the laboratory staff and by the staff of the Pathology Department, Makerere Medical School.

346. Four hundred and seven were made at the request of the Police, 312 of this number being deaths by violence. 96 homicide cases were reported. 17 people died by poisoning, either self-administered, of which alcohol was the commonest, or with criminal intention (sulphuric acid).

REPORT OF THE GOVERNMENT CHEMIST

347. The Government Chemist was away on home leave during November and December and during his absence the Pollution Control Officer, Labour Department, kindly undertook the work of this section. There was no increase in the numbers of the junior staff which stands at 2.

348. The volume of work increased very considerably during the year. The total number of exhibits and samples received for examination was 1,564. The annual number of samples examined since 1951 is given below:—

1951	1952	1953	1954	1955	1956
313	364	658	416	548	1,564

It is seen from the above that during 1956 the number of samples examined is approximately 3½ times the average annual number for the preceding five years.

349. The source and distribution of exhibits and samples are as follows:—

Source	Number	Distribution	Number
Police Department	851	Water	56
Health Authorities & Medical Department	354	Foodstuff	466
Customs & Excise Department ..	26	Forensic chemical examination	851
Other Government departments ..	23	Medical Department ..	109
Miscellaneous consulting work for firms and private individuals	310	Miscellaneous	82
TOTAL ..	1,564	TOTAL ..	1,564

350. Fees collected for consulting work amounted to Shs. 4,511 and this was credited to the Uganda Administration.

WATER EXAMINATION

351. Fifty-six samples were examined during the year, 30 of which were from health authorities and 26 from firms and private individuals. 35 samples of water were examined fully for suitability for domestic and industrial uses and 26 were examined for trace elements such as free chlorine, copper, arsenic, iron, phenolic substances and zinc.

FOODSTUFFS

352. The following table gives the samples examined:—

Fresh milk	...	...	234
Edible oils and fats	...	...	36
Other foodstuffs	...	...	196

MILK

353. One hundred and thirty-nine samples were received from health authorities and of these 69 milks (50% approximately) were found to be impoverished either by the abstraction of fat or the addition of water. Adulterations of the latter type were gross in many cases and as much as 70% added water was found in some samples. The percentage of adulterated milk was higher than that for last year (35%).

354. Ninety-five samples of milk were examined on behalf of milk suppliers and private individuals. Almost all the milks received from the latter source were found to be adulterated.

355. Thirty-six samples of edible oils and fat were examined and of these 33 were from oil producers and exporters and 3 were from health authorities and other Government departments.

356. One hundred and twenty-three samples of coffee were examined for moisture content and presence of mould growth on behalf of the Uganda Coffee Industry Board.

357. Forty samples of foodstuffs were received from health authorities and these included maize meal, tinned foods, ice cream, mineral waters and fruit juices. The majority of samples were examined for quality and presence of injurious contaminants. In one case D.D.T., to the extent of 80 parts per million, was found in a sample of maize meal.

358. Thirty-three samples of foodstuffs were examined on behalf of the Nutrition Unit of the World Health Organisation and the Medical Research Council. The foods examined were plantains, millet, soya, maize, beans and various green leaves.

FORENSIC CHEMICAL EXAMINATION

359. The type of work undertaken is given below:—

Blood stain, blood grouping, seminal stains, etc.	...	...	...	462
Exhibits and specimens for toxicological examination	...	...	...	234
Miscellaneous	...	...	...	155
TOTAL				851

Four hundred and thirty-four exhibits were received for detection of human blood stains and for determination of blood groups. Twenty-eight exhibits were examined for presence of seminal stains, pubic hairs, etc. One case of bestiality was examined. This work which in previous years was undertaken by the Senior Pathologist has now been taken over by this section.

Toxicology

360. Eighty-four cases involving 234 exhibits and organs were examined. In 33 cases toxic substances were identified. The poisons found were:—

	<i>Number of cases.</i>		
Ethyl alcohol	12
Carbon monoxide	7
Sodium amytal	2
Sulphuric acid	2
Unknown glycosides	2
<i>Phytolacca dodecandra</i>		...	1
<i>Gloriosa superba</i>	1
Euphorbia resin	1
Croton oil	1
Caustic soda	1
Arsenic	1
Phosphorus (in the form of rat bait)			1
Unknown alkaloid (narcotic)	...		1

Miscellaneous

361. These included 50 exhibits suspected to be waragi, 31 exhibits in connection with illegal practice of medicine, 34 exhibits in a Post Office cable robbery case and 7 exhibits for detection of inflammable liquids in suspected arson cases. Eleven exhibits were examined in “hit and run” cases, where paint fragments had to be compared. Other exhibits examined were sawdust, soil, dyes, glass particles, weapons and clothing for presence of explosives, coins and plant extracts suspected to be poisons.

Medical Department

362. One hundred and nine samples were received for examination during the year. Twenty samples of water and vermiculite impregnated with arkotine were examined for D.D.T. concentration for the Entomology Section. Eleven samples of insecticide powder were examined on behalf of the Medical Officer of Health, Kampala. The majority of samples were biological specimens for the detection and estimation of lead, arsenic mercury, copper, alcohol and silica. Four samples of pharmaceutical

preparations were examined for the Chief Pharmacist for compliance with B.P. standard. Other samples examined were soil, sewage effluent, dried sludge, santonin tablets, soap and a poison tipped arrow.

363. Twenty-six samples were examined for the Customs and Excise Department and these included 10 samples for alcohol determination, 12 samples of textiles and samples of fat, lubricant, an enzyme preparation and a masticatory for nicotine content.

364. Four samples of waragi were examined on behalf of the Ministry of Social Services for assessment of toxic secondary constituents. Six samples from the Prisons included maize meals and fat for suitability for human consumption. Five samples from the Labour Department included 4 samples of branded petrol for tetraethyl lead content and one sample of paint for soluble lead content. Three samples of soil and one sample of bleaching powder were examined on behalf of the Public Works Department. Two samples of wood were received from the Forestry Department and 1 sample of bark from the Chief Warden.

365. Thirty-three sundry samples received from private sources included proprietary medicines, urines for mercury determination, textiles, concretes, oils for identification and labour rations for nutritive value.

VI.—TRAINING SCHOOLS

TRAINING

366. The Frazer Report laid emphasis on the need for continued expansion in training of the indigenous population in the professional and technical work of the Medical Department. In planning for the expansion of Training Schools it has been decided to build a new school of hygiene outside Mbale township and to utilise the present school buildings, which are adjacent to the district hospital, for the training of Medical Assistants. Plans for the new hygiene school have been drawn and it is proposed to provide accommodation for 120 Health Inspectors and Hygiene Orderlies under training and housing for the use of up to 20 persons attending refresher courses. The estimated cost is in the region of £75,000. Work on this building should commence in the latter half of 1957.

367. Over the past decade much progress has been made in the extension of training schemes but shortages of staff for teaching and of suitable buildings have considerably limited such developments. There are in addition other factors which merit consideration. If training is to be accelerated candidates of an adequate educational standard and with a sense of vocation must be forthcoming. Having found these candidates it is necessary to ensure that as few as possible fall out during training and finally, and possibly most important, that staff once trained should continue to work in the department.

368. The past year has emphasised these difficulties; although more candidates applied and were accepted than there were vacancies in the schools, a proportion of those selected never presented themselves at the schools. More did not survive the preliminary training class and others left of their own accord or were discharged during the first year of their training. The following figures demonstrate the position:—

NURSING ORDERLIES

Training school				Selected for training	Reported for training	Failed P.T.S.	Remaining
Jinja	..	..	..	28	25	9	16
Masaka	..	..	..	35	21	5	16
Lira	..	..	..	35	27	2	25
TOTAL ..				98	73	16	57

In addition twelve learners left the courses during the year, one from Jinja, nine from Masaka and two from Lira.

369. The retention of trained staff in the department is essential if expansion of services is to be possible. The man or woman who leaves shortly after completion of training has not only wasted the money which Government has spent on training but has occupied a place in a Training School for two or three years to the exclusion of someone else.

370. As stated elsewhere in this Report, Missions have continued to train Nurses and Midwives. Further advice on the training of Nurses has been sought from the General Nursing Council of England and Wales and as stated earlier, a visit from the Education Adviser is expected early in 1957. The assistance of U.N.I.C.E.F. in the provision of teaching equipment has been most welcome.

NURSING AND MIDWIFERY

371. The new training school for nurses and midwives at Mulago hospital was formally opened by Lady Cohen on 26th October, 1956, and the ceremony was followed by the Annual Prize giving. Certificates were awarded to 16 nurses who had qualified during the year. Seven Certificated Nurses qualified as Midwives during 1956. At the end of the year, 95 student nurses and twenty pupil midwives were in training.

372. The initial intake of students is required to be high, as so many of the candidates are found to be unsuitable on the grounds of their command of English and others fail to survive the early months of training, e.g., 84 students were accepted during 1956 of whom 53 remained in training at the end of the year. Of all pupils attending the course at Mulago 39 discontinued training during the year leaving a total of 115.

ASSISTANT HEALTH VISITORS

373. A pilot scheme was introduced when six selected students commenced a one year's course of training in August. The course is conducted in English and these students are required to be midwives, but preferably should also be certificated nurses. An introductory period of nine weeks was spent at Nsamizi Community Development Training Centre, where the students attended a "Citizenship" course and were instructed in teaching methods. During the next part of the course they were in residence at the Queen Elizabeth Nurses Hostel, Mulago, while gaining experience in Child Welfare Clinics, Home Visiting and Medico-social Work. Two candidates discontinued the course and the remaining four spent two months with Health Visitors, working in Masaka and Busoga districts. On completion of the course it is intended to post the successful candidates to Health Centres which are being developed.

NORTHERN PROVINCE TRAINING SCHOOL FOR MIDWIVES AT GULU

374. The first group of 11 pupils was admitted to this training school in January 1956. Of this number, the training of three was discontinued at the end of the P.T.S. and since then two others have left, leaving a total of 6.

375. It is planned to increase the accommodation for up to 20 pupils and to add a new maternity ward and ante-natal clinic.

NURSING ORDERLIES

376. The present scheme for the training of Male Nursing Ancillaries is as follows. Candidates are admitted to one of the three schools for Nursing Orderlies at Jinja, Lira and Masaka. They are either selected direct from schools or, as is the practice in certain districts, from boys who have joined the staff of district or provincial hospitals, with a view to subsequent selection for training as Nursing Orderlies.

377. In either case the educational standard of the recruits entering for training must not be lower than Junior Secondary III.

378. The course of training of Nursing Orderlies lasts for two years. At the end of this period a qualifying examination is held and the best candidates from each school pass on for a further training period of one year as Medical Assistants at the Training School at Masaka. As the standard of education rises an increasing amount of clinical teaching is given to Medical Assistant learners. Particular attention is given to practical work in dispensaries in the districts, as for many years it is probable that the bulk of the work at rural units must remain in the hands of Medical Assistants. This policy is one of necessity rather than of choice.

379. Nursing Orderlies who at the end of their two years of training fail to gain admission to the Medical Assistants' Class, are given a further opportunity of selection for Medical Assistant training after three years work in departmental institutions. This period gives an excellent opportunity to assess suitability for a further year's training.

MASAKA TRAINING SCHOOL

380. Medical Assistants — 9 qualified. Twelve serving Nursing Orderlies were accepted for further training as Medical Assistants.

Nursing Orderlies—8 qualified. Twenty-one new candidates were selected for training. Fourteen students discontinued training during the year leaving a total of 70 in the school.

LIRA TRAINING SCHOOL FOR NURSING ORDERLIES

381. Nineteen students qualified and 27 new candidates were accepted for training. Four students discontinued training during the year, leaving a total of 39.

JINJA TRAINING SCHOOL FOR NURSING ORDERLIES

382. Twenty-five new candidates were accepted for training. The first group of candidates from this school for the final examination are expected to qualify in March 1957. Ten students discontinued training during the year leaving a total of 30.

383. The total number of male students in training at the end of the year was 139. An extension to the Training School at Jinja is being planned.

384. Short refresher courses were again arranged for Medical Assistants and for Nurses and Midwives but were limited by the difficulties of arranging for the work of the districts being carried on during their absence. It is hoped to introduce a refresher course for Nursing Orderlies when the extensions to the Jinja Training School are completed.

POST CERTIFICATE COURSES FOR MEDICAL ASSISTANTS

385. Two such courses were introduced during 1956, one of 18 months in theatre work and one of twelve months in tuberculosis work. Candidates are selected from amongst experienced Medical Assistants who will be posted to their own districts on completion of the period of training.

GENERAL NURSING COUNCIL FOR ENGLAND AND WALES

386. Arrangements were made for Miss M. Houghton, M.B.E., Education Officer, to visit Uganda early in 1957.

SCHOOL OF HYGIENE, MBALE

387. *Health Inspectors (E.A.)*.—At the end of the year 40 pupils were under training in the three year course, leading to the Joint East African Examination of the Royal Society for the Promotion of Health. In December 14 candidates sat for this examination but only 5 passed.

388. *Hygiene Orderlies*.—Training lasts for two years and a large proportion of the time is spent in practical work in the field.

389. Six candidates passed the final departmental examination and were posted to District Health Units. The number remaining under training is 56.

390. Jordan's Text Book "Tropical Hygiene and Sanitation" has been completely revised by the Instructor in Hygiene at the Mbale School and was published during the year.

OTHER CATEGORIES UNDER TRAINING

391. The following were the number of other groups of ancillary staff under training:—

Laboratory Assistants	...	3
Dispensers	...	7
Assistant Radiographers	...	4
Assistant Storekeepers	...	4

392. There is no set course for Entomological Assistants at present and they receive practical instruction in the field.

393. Dressers and Wardmaids receive practical instruction in nursing. As soon as qualified staff for teaching are available a syllabus of training will be drawn up, but this will have to be carried out in district hospitals which are dependent on the Dresser and Wardmaid staff.

394. Training is regarded as one of the most important functions of the Medical Department and all officers are expected to participate to a greater or lesser degree in such training.

VII.—BUILDINGS

395. A. The following buildings were completed by December, 1956:—

1. Kampala Central Laboratory.
2. Final completion of the Mbale School of Hygiene.
3. Out-patient block at Soroti Hospital.
4. Administrative block, Soroti hospital and Asian ward, Soroti.
5. Tuberculosis wards and housing, Jinja hospital.
6. Paying ward at Fort Portal.
7. Operating theatre, Kabale.
8. New kitchens and laundry at Mulago hospital, Kampala.
9. Mulago Hospital Nurses' Training School.
10. Children's ward at Lira.

396. B. Under construction, December 1956:—

1. Dental and physiotherapy units and surgical ward at Nakasero hospital.
2. Kampala Analytical Laboratory.
3. Kitchen and laundry, Hoima hospital.
4. Tuberculosis unit, Mbarara hospital.
5. Staff housing to implement Frazer Report.
 - (i) X-ray building, Jinja.
 - (ii) X-ray building, Mbale.
 - (iii) X-ray building, Mbarara.

397. Planning stage for buildings for which funds have been made available to commence work during 1957:—

1. Nurses' hostel (20-bed), Jinja.
2. Extensions—Nursing Orderly Training School, Jinja.
3. Paying ward, Jinja hospital.
4. Paying ward, Masaka hospital.
5. Labour ward and ancillaries, Jinja European hospital.
6. Alteration to children's ward, Mulago hospital.
7. Paying ward, Mulago hospital.
8. Extensions to Midwives' Training Centre, Gulu.
9. Nutrition and general office, Kampala Medical Laboratory.
10. Nurses' hostel (10 persons), Mbale hospital.
11. Hostel for interns and R.M.O.s (12), Mulago.
12. New School of Hygiene, Mbale. (The existing School of Hygiene is to be converted into a training centre for medical assistants).
13. 20-bed hospital, Mbale.
14. Four flatlets, Nursing Sisters, Mbale.
15. New out-patient department, Arua.
16. New medical store, Arua.
17. Out-patient department, Tororo.
18. Criminal lunatic ward, Butabika.
19. Laundry and store, Butabika.
20. Tuberculosis unit, Lira hospital.
21. Tuberculosis unit, Kabale hospital.
22. Tuberculosis unit, Fort Portal hospital.

PROPOSED NEW MULAGO HOSPITAL

398. A committee appointed to report on the planning of the new Mulago hospital has completed its work. The report is at present being considered by the Minister of Social Services prior to submission to the Development Committee. Present plans are for three multi-storeyed blocks and in addition, a 150-bedded paying block.

399. In addition to new construction, whenever possible there has been a steady improvement in existing buildings; water supplies and electricity have been laid on, septic tanks installed and new kitchens, laundries and stores have been added.

400. Staff housing still remains below the desired standard. The need for an improvement is accentuated by posting to the districts of nurses and midwives trained and housed under ideal conditions at the Queen Elizabeth Hostel in Kampala.

401. Every effort is being made to improve the housing of locally trained Medical Officers by improving existing houses, building new quarters and by allocating houses from the general pool.

LEGISLATION

THE DISTRICT ADMINISTRATION (DISTRICT COUNCILS) ORDINANCE, 1955

Legal Notice 11 gives Regulations—Kigezi.

Legal Notice 12 gives Regulations—Lango.

Legal Notice No. 19 gives Regulations—Bunyoro-Kitara.

Legal Notice 26 gives Regulations—Teso.

Legal Notice 78 gives Regulations—Madi.

Legal Notice 252 gives the Ankole Protection of Health Bye-laws, 1956.

DISTRICT COUNCIL BYE-LAWS

Legal Notice 103 orders Control of Dogs—Bukedi.

Legal Notice 119 amends Registration of Births, Marriages and Deaths, Bye-law, 1951—Lango.

Legal Notice 182 makes provision for the Control of Eating Houses—Bukedi.

FACTORIES ORDINANCE, 1952

Legal Notice 117 makes the Factories (Metal Roofs and Walls) Rules, 1956.

General Notice 376 appoints all Factories Assistants, Labour Department, to be Inspectors for the purpose of the execution of the Ordinance.

General Notice 377 appoints a Gas Officer.

General Notice 496 notifies membership of the Factories Advisory Board.

HOTELS ORDINANCE, 1952

General Notice 1104 appoints members of the Hotels Board.

THE MARKETS ORDINANCE, CAP. 107

Legal Notice 58—Bye-laws *re* Mbale Market.

Legal Notice 169—Bye-laws *re* Entebbe Market.

Legal Notice 211—Bye-laws *re* Mbale Market.

MEDICAL PRACTITIONERS AND DENTISTS ORDINANCE, CAP. 93

General Notice 143 lists medical practitioners on the register on 1st January, 1956.

General Notice 144 lists dentists on the register on 1st January, 1956.

General Notice 145 lists dentists permitted to practise under section 23 (ii) on 1st January, 1956.

General Notice 148 lists licensed medical practitioners on 1st January, 1956.

General Notice 149 lists licensed dentists on 1st January, 1956.

General Notice 150 lists medical practitioners provisionally registered under section 6B (2) on 1st January, 1956.

General Notice 243 varies membership of the Medical Board.

General Notice 1177 amends General Notice 143.

General Notice 1342 varies membership of the Board of Assessors.

THE MENTAL TREATMENT ORDINANCE, CAP. 99

Legal Notice 261 appoints the hospital for nervous diseases at Butabika to be a Mental Hospital.

General Notice 1384 appoints visitors in respect of the Mental Hospitals at Mulago and Butabika.

THE MIDWIVES ORDINANCE, CAP. 95

General Notice 107 appoints Local Supervisory Authorities.

General Notices 146 and 147 lists Midwives on the Register on 1st January, 1956.

PHARMACY AND POISONS ORDINANCE, CAP. 96

Legal Notice 132 exempts Kilembe Mines Hospitals from provisions of Part II of the Ordinance.

General Notice 154 varies membership of Pharmacy and Poisons Board.

General Notice 220 lists those authorised to give certificates under section 21 (2) (c) of the Ordinance.

General Notice 221 exempts hospitals and dispensaries from certain provisions of the Ordinance.

General Notice 222 draws attention to the rules governing the sale of patent medicines.

General Notice 223 lists registered premises on 1st February, 1956.

General Notice No. 224 lists registered pharmacists on 1st February, 1956.

General Notice 225 lists those licensed to sell poisons in Part 2 of the Poisons List on 1st February, 1956.

General Notice 226 lists registered wholesalers on 1st February, 1956.

General Notice 756 gives list of those licensed to sell poisons in Part 2 of the Poisons List on 8th June, 1956.

POISON RULES

Legal Notice 159 adds preparation to the First Schedule.

Legal Notice 217 amends Part 1 of the Poisons List.

Legal Notice 233 adds preparation to Part 1 of the Poisons List.

Legal Notice 267 adds preparation to the Fifth Schedule.

PUBLIC HEALTH ORDINANCE, CAP. 98

Legal Notice 91 gives Advisory Board of Health Rules.

Legal Notice 112 gives area in Kigezi District to be used as a cemetery for Kabale Township.

Legal Notice 129 revokes the Public Health (Kampala Municipality Boundary Sanitary Board) Rules.

General Notice 1288 gives the constitution of the Advisory Board of Health.

PUBLIC HEALTH (BAKEHOUSE) RULES

Legal Notice 115 adds Arua to the First Schedule.

PUBLIC HEALTH BUILDING RULES, 1951

Legal Notice 80 makes Temporary Housing Areas, Building Rules, 1956.

Legal Notice 81 makes Grade II Housing Areas, Building Rules, 1956.

Legal Notice 82 declares certain area of Entebbe Township as a Grade II Housing Area.

Legal Notice 83 exempts certain area of Entebbe Township from operations of provisions of the Rules.

Legal Notice 133 declares Mpumudde Estate, Jinja, as a Grade II Housing Area.

General Notice 895 appoints members of a Committee to review the rules.

PUBLIC HEALTH DRAINAGE AND SANITATION RULES, 1950

General Notice 895 appoints members of a Committee to review the rules.

PUBLIC HEALTH (MEAT) RULES

Legal Notice 106 adds Pallisa to the First Schedule.

Legal Notice 144 adds certain townships to the First Schedule.

General Notice 840 appoints authorised officers for Hoima Township.

PUBLIC HEALTH (SALE OF MILK AND MILK PRODUCTS) RULES

Legal Notice 230 amends the First Schedule.

Legal Notice 243 amends the principal Rules.

THE RABIES ORDINANCE, CAP. 159

Legal Notice 250 proclaims Mengo District.

Legal Notice 251 orders the control of dogs—Mengo District.

General Notice 250 orders the control of dogs—Bugisu.

General Notice 1031 revokes orders contained in General Notice No. 958 of 1955 and General Notice No. 250 of 1956.

Ordinance No. 18 of 1956 amends the Rabies Ordinance.

REGISTRATION OF NURSES ORDINANCE, CAP. 94

Legal Notice 155 gives date of commencement of Ordinance.

General Notice 439 notifies membership of the Nurses and Midwives Council.

General Notice 440 establishes the Nurses and Midwives Council.

TOWN AND COUNTRY PLANNING ORDINANCE, 1951

Legal Notice 4 declares Fort Portal as a Planning Area.

Legal Notice 32 declares Mbarara as a Planning Area.

Legal Notice 39 appoints Mbarara Township Authority to be Planning Committee for Mbarara Planning Area.

Legal Notice 40 appoints Fort Portal Township Authority to be Planning Committee for Fort Portal Planning Area.

Legal Notice 136 declares Entebbe as a Planning Area.

Legal Notice 167 declares Kasese as a Planning Area.

General Notice 565 declares Jinja Detailed Scheme No. 2 to be in force.

General Notice 1315 appoints members of the Town and Country Planning Board.

Ordinance No. 15 of 1956 amends the Town and Country Planning Ordinance.

WORKMEN'S COMPENSATION ORDINANCE, CAP. 91

Legal Notice 135 amends Regulations.

MISCELLANEOUS

COMMITTEE ON VITAL STATISTICS

General Notice No. 1308 appoints members.

KAMPALA EUROPEAN AND ASIAN HOSPITAL ADVISORY BOARD

General Notice 411 appoints additional members.

General Notice 1129 appoints a Chairman.

TRANSFER OF SERVICES

General Notice 771 informs of the transfer of rural health and hospital services to the Kabaka's Government.

STANDING COMMITTEE ON HUMAN NUTRITION IN UGANDA

General Notice 744 notifies membership of the Committee.

NEW MULAGO HOSPITAL ADVISORY COMMITTEE

General Notice 337 appoints members of the Committee and gives terms of reference.

FOOD AND DRUGS COMMITTEE

General Notice 338 appoints members of the Committee and gives terms of reference.

Appendix II

SCIENTIFIC PAPERS PUBLISHED OR SUBMITTED FOR PUBLICATION

The following list includes some papers written by the staff of Makerere Medical School and the M.R.C. Infantile Malnutrition Unit, Mulago.

CHERRY, J. K. T.:

"The Prevention and Treatment of Tick-borne Relapsing Fever with special reference to Aureomycin and Terramycin." Trans. Roy. Soc. Trop & Med. Hyg., 49, 563.

DEAN, R. F. A.:

"Undernutrition in East Africa: a Description of the Group for Research in Infantile Malnutrition of the Medical Research Council, Mulago Hospital, Kampala, Uganda." Pædriatrics, 17, 121.

"Advances in the Treatment of Kwashiorkor." Bull. Wld. Hlth. Org., 14, 798.

"Some Problems of the Nutrition of the Pre-School African Child." Central Afr. Med. J.

DEAN, R. F. A. & SCHWARTZ, R.:

"Les effets des carences proteiques chez les jeunes enfants." Ann. Nut. (Paris), 10, 59.

ELMES, B. G. T.:

"Forensic Medicine in Uganda."

FOX, W., HUTTON, P. W., SUTHERLAND, I., WILLIAMS, A. W.:

"A comparison of Acute Extensive Pulmonary Tuberculosis and its Response to Chemotherapy in Britain and Uganda." Tubercle., 37, 435.

GEBER, M.:

"Development psycho-moteur de l'enfant Africain." Courrier, 5, 17.

GEBER, M. & DEAN, F. R. A.:

"The psychological changes accompanying Kwashiorkor." Courrier, 5, 3.

HOLMES, E. G., JONES, E. R., LYLE, M. D., STANIER, M. W.:

"Malnutrition in African Adults: 3, Effect of Diet on Body Composition." Brit. J. Nutr., 10, 198.

HUTTON, P. W., LUWALO, Y. K., WILLIAMS, A. W., TONKIN, ISOBEL, M., FOX, W.:

"Acute Pulmonary Tuberculosis in East Africa: A Controlled Trial of Isoniazid in Combination with Streptomycin or P.A.S." Tubercle., 37, 151.

HUTTON, P. W.:

"The Treatment of Tuberculosis in District Hospitals." E. Afr. Med. J., 33, 333.

"Myæsthenia Gravis: A case occurring in an African." E. Afr. Med. J., 33, 43.

"Neurological Diseases in Uganda." E. Afr. Med. J., 33, 209.

HUTTON, P. H.:

"An Agglutinin for Red Cells of New Born Infants" (Jointly) Vth Congres International Transfusion Sanguine.

"Acute Osteomyelitis of Cervical Spine with Epidermal Abscess." Brit. Med. J., 1956, 1, 153.

JACOB, G. F., LEHMANN, H., RAPER, A. B.:

"Hæmoglobin D in Indians of Gujerati Origin in Uganda." E.A.M.J., 33, 135.

JONES, P. R. M., & DEAN, R. F. A.:

"The effects of Kwashiorkor on the Development of the Bones of the Hand." J. Trop. Pædiat., 2, 51.

BROWN, J. A. KINNEAR:

"Leprosy Uganda Control Scheme." E. Afr. Med. J., 33, 259.

"Observations on the General Incidence of Blindness and Certain other Diseases in Uganda." E. Afr. Med. J., 33, 19.

KIREMERWA, D. N., BYARUMANGA, D. B., & RAPER, A. B.:

"Sparganosis: Report of Two Cases." E. Afr. Med. J., 33, 37.

LUDER, J.:

"Congenital Pyloric Stenosis." E. Afr. Med. J., 33, 100.

"The Diarrhœa and Vomiting Syndrome in Uganda Children."

McFIE, J., WITH BERTHA AKIM AND ESEZA SEBIGAJJU:

“*Developmental Level and Nutrition: A Study of Young Children in Uganda.*”

NELSON, G. S. AND SEMAMBO, Y. B.:

“*The Treatment of Tropical Ulcers in Uganda with Special Reference to an easily organised Itinerant Skin-Grafting Team.*” E. Afr. Med. J., 33, 189.

PRITAM SINGH AND COOK, J.:

“*Review of Jaw Tumours in Mulago Hospital.*”

RENDLE SHORT, C.:

“*The Treatment of Vesico-Vaginal Fistula.*”

RAPER, A. B.:

“*Cœnurus Cysts.*”

ROBINSON, M. G. AND HECHT, R.:

“*The Nursing of Kwashiorkor.*” Nursing Times, 52, 1106.

SCHWARTZ, R.:

“*Alkaline Phosphatase Activity of the Serum in Kwashiorkor.*”

SIBTHORPE, E. M.:

“*Tropical Phlebitis in an Ante-Natal Patient.*”

TEWFIK, G. I.:

“*Mental Nursing in Uganda.*”

TROWELL, H. C.:

“*Training Medical Practitioners*” (Presid. Address, Uganda B.M.A.). E. Afr. Med. J., 33, 253.

“*The Natural History of Homozygous Sickle-Cell Anæmia in Central Africa.*”

“*Coronary Artery Disease in Uganda.*” (Correspondence). Lancet (1956), 1, 46.

TROWELL, H. C. AND SINGH, S. A.:

“*A Case of Coronary Disease in an African.*” E. Afr. Med. J., 33, 391.

TROWELL, H. C. AND VAIZEY, J. M.:

“*The Genesis of Tropical Anæmias.*” (Correspondence). Lancet.

THOMPSON, M. D.:

“*The Serum Protein Pattern of African Infants in Uganda.*” Trans. Roy. Soc. Trop. Med. Hyg., 50, 77.

WELBOURNE, H. F.:

“*Bottle Feeding: A Problem of Modern Civilisation.*”

“*A Comparison between Children attending Child Welfare Clinics in 1950 and 1955.*”

“*Teeth of Children attending Kampala Child Welfare Clinics and Schools.*” E. Afr. Med., J., 33, 181.

WOOLLARD, A. R.:

“*Rural Sanitation in Acholi, Uganda.*”

SUMMARY OF REVENUE AND EXPENDITURE

		REVENUE		EXPENDITURE			TOTAL
		Charges Raised	Capi- tation Fees	Personal Emolu- ments	Other Charges	Special Expendi- ture	
		£	£	£	£	£	£
1950 ..	..	12,838	4,575	344,478	217,656	9,227	561,361
1951 ..	..	16,607	5,894	422,986	250,029	74,779	747,794
1952 ..	..	28,190	7,073	460,130	370,026	77,826	907,982
1953 ..	..	32,308	7,912	499,472	411,769	50,236	961,477
Holding Budget							
1954 ..	..	19,514	3,438	270,755	180,007	16,726	467,488
1954/55 ..	..	47,264	9,285	735,616	431,832	31,655	1,199,103
1955/56 ..	..	52,078	8,912	740,811	500,902	88,534	1,330,247

1954/55	Revenue	1955-1956	
Actual		Estimated	Actual
£		£	£
	CHARGES FOR SERVICES RENDERED—		
26,476	Medical and dental charges and hospital and X-ray fees	20,000	24,858
1,318	Nursing Sisters' quarters	4,440	3,440
	SERVICES SUBJECT TO PART REPAYMENT TO OFFICERS—		
3,597	Medical fees: Workmen's Compensation Ordinance	3,115	4,278
15,873	Medical and dental private fees	15,000	19,502
47,264	TOTAL REVENUE COLLECTED ..	42,555	52,078
	CAPITATION FEE—		
5,723	Railways Administration: Medical attendance, Rail- way and Marine staff	6,060	5,225
3,562	Other bodies	3,475	3,687
323	Anti-malarial clearing	300	391
98	Sleeping sickness clearings	142	17
4,400	Buganda: Part cost of medical stores for dispensaries	2,200	2,200
7,950	Grants from other East African Governments to Mulago Teaching Hospital	7,500	7,500
69,320	TOTAL ..	62,232	71,098
	Expenditure		
	STAFF—		
698,032	Personal emoluments	714,857	740,811
37,584	Casual labour	42,751	44,787
65,314	Transport of staff and patients	70,248	78,908
7,340	Part reimbursement of fees collected by officers from private patients	8,000	8,874
547	Workmen's Compensation: Payment to Govern- ment medical practitioners	1,500	681
785	Medical and nursing attendance by private prac- titioners and nurses	580	1,642
1,270	Special courses of instruction for medical staff	1,200	1,519
10	Mulago Hospital African staff recreation fund	10	9
—	Financial assistance to departmental officers for research	500	163
—	Revenue refunds	40	5
	MATERIALS—		
215,326	Stores, drugs and equipment	234,000	206,287
1,525	Transport of stores	800	484
565	Incidentals	600	625
454	Publications	450	445

1954/55	Expenditure—continued	1955–1956	
Actual		Estimated	Actual
£		£	£
	UPKEEP—		
73,827	Maintenance of hospitals, laboratory and training centres	75,520	90,786
34,209	Post office services, water and electricity.. ..	41,018	37,968
438	Expenses in connection with non-African mental patients	500	703
	HYGIENE—		
9,107	Control of epidemic and endemic diseases	12,100	9,471
1,244	Public health propaganda	1,550	1,024
	CONTRIBUTIONS—		
8,876	Grants to missions for maintenance of training schools for nurses and midwives	10,631	7,256
5,739	Grants to missions for the relief of leprosy	7,830	7,742
675	Grant to C.M.S. Hospital, Kabarole	675	675
100	Lady Cook Memorial Scholarships for African nurses and midwives	100	100
750	Maintenance of Red Cross van for blood transfusion service	750	750
	SPECIAL EXPENDITURE—		
1,000	Building grants to leper settlements	1,000	754
13,708	Equipment for hospitals and dispensaries	12,350	9,323
8,354	Purchase of motor vehicles	3,540	2,726
264	Teaching equipment for training schools	2,700	1,660
—	Miscellaneous equipment for provincial offices and Mulago	210	183
4,037	Pediatric research scheme	4,632	3,000
—	Staff recreation, purchase of equipment	500	442
—	Electrical plant, Kabale Hospital	350	307
256	Office equipment	1,680	1,498
—	Grants to C.M.S. Hospital, Mengo	—	13,800
	REVOTES—		
—	Stores, drugs and equipment (1954/55)	—	49,362
—	Public health propaganda (1954/55)	—	123
—	Equipment for new buildings, health education (1954/55)	—	209
—	Equipment for hospitals and dispensaries (1953) ..	—	1,212
—	Special equipment and materials for Mulago Hospital (1954/55)	—	3,898
—	Medical Research Council/U.N.I.C.E.F. Food processing research (1954/55)	—	19
—	Stores and equipment (1954)	—	4
—	Equipment for hospitals and dispensaries (1954/55)	—	12
1,191,336	TOTAL MEDICAL DEPARTMENT	1,253,172	1,330,247
	Capital Expenditure		
184,443	Public Works Extraordinary	150,575	111,335
87,663	Other capital expenditure	69,300	61,539
272,106	TOTAL	219,875	172,874

STAFF

HONOURS

DR. J. K. HUNTER	..	<i>Deputy Director of Medical Services</i>	..	O.B.E.
MR. G. R. BARNLEY	..	<i>Senior Entomologist</i>	..	M.B.E.
MR. SEMU WAMALE	..	<i>Health Orderly</i>	..	Certificate of Honour.
MISS VICTORIA KIIZA	..	<i>Wardmaid</i>	..	Certificate of Honour.
MR. ENOSI MBOWA	..	<i>Laboratory Assistant</i>	..	Certificate of Honour.

POST GRADUATE DIPLOMAS

A. J. BYRNE	..	<i>Medical Officer</i>	..	D.P.H. (Belfast).
A. G. M. DAVIES	..	<i>Specialist Radiologist</i>	..	M.D. (Univ. Bristol).
D. A. B. FARQUHAR	..	<i>Dental Surgeon</i>	..	D.D.S. (Tor.) L.R.C.D.S. (Ont.).
MISS G. F. JACOB	..	<i>Pathologist</i>	..	M.D. (Camb.).
A. KAGWA	..	<i>Medical Officer</i>	..	D.T.M.&H. (Eng.).
A. W. H. THOMSON	..	<i>Medical Officer</i>	..	D.T.M.&H. (Edin.).
D. A. T. TIZARD	..	<i>Medical Officer</i>	..	D.P.H. (Lond.).
J. M. WELCHMAN	..	<i>Medical Officer</i>	..	D.T.M.&H. (Lond.).

DEPARTURES

Dr. A. J. Boase, O.B.E.	..	Senior Specialist (<i>on leave pending retirement</i>)	7- 6-56
Dr. J. Luder	..	Medical Officer (Special Grade) (<i>on leave pending completion of contract</i>)	23- 6-56
Dr. A. B. Raper	..	Senior Pathologist (<i>on leave pending retirement</i>)	6-12-56
Dr. N. D. Fraser	..	Medical Officer (<i>resigned</i>)	14- 4-56
Mr. F. Smith	..	Health Inspector (<i>on leave pending resignation</i>)	13- 3-56
Mrs. D. Herne	..	Nursing Sister (<i>on leave pending completion of contract</i>)	1- 3-56
Miss B. A. Duffy	..	Nursing Sister (<i>resigned</i>)	1- 5-56
Miss Broadburn	..	Nursing Sister (<i>resigned</i>)	1- 3-56
Miss B. H. White	..	Nursing Sister (<i>on leave pending resignation</i>)	29- 6-56
Miss K. M. Kean	..	Nursing Sister (<i>resigned</i>)	1- 8-56
Miss H. E. U. E. Mason	..	Nursing Sister (<i>resigned</i>)	20- 9-56
Miss S. M. Woodward	..	Nursing Sister (<i>resigned</i>)	1-12-56
Mrs. E. Lloyd	..	Hospital Assistant (<i>on leave pending completion of contract</i>)	1- 7-56

APPOINTMENTS AND PROMOTIONS

Dr. D. G. Snell	..	Assistant Director	..	19- 1-56
Dr. G. I. Tewfik	..	Specialist Alienist	..	12- 1-56
Dr. D. W. Ellis Jones	..	Specialist Ophthalmologist	..	23-11-56
Dr. S. C. Buck	..	Pathologist	..	4- 1-56
Dr. S. C. Buck	..	Senior Pathologist	..	7-12-56
Dr. J. K. T. Cherry	..	Senior Medical Officer	..	12- 1-56
Dr. G. G. Murphy	..	Senior Medical Officer	..	16-10-56
Dr. A. R. Duff	..	Senior Medical Officer	..	12- 1-56
Dr. J. L. Lanceley	..	Senior Medical Officer	..	12- 1-56
Dr. (Miss) J. W. Anderson	..	Medical Officer (Special Grade)	..	11-10-56
Dr. M. J. Simpkins	..	Medical Officer (Special Grade)	..	14- 9-56
Dr. A. H. Low	..	Medical Officer	..	5- 8-56
Dr. M. Murphy	..	Medical Officer	..	9- 2-56
Dr. E. P. Lawrence	..	Medical Officer	..	4- 1-56
Dr. M. J. C. Thomson	..	Resident Medical Officer	..	21- 4-56
Dr. A. R. L. Clark	..	Medical Officer (Intern)	..	5- 2-56
Dr. T. E. E. Piper	..	Medical Officer (Intern)	..	19- 1-56
Dr. C. B. S. Bosa	..	Medical Officer (E.A.)	..	1- 6-56
Dr. J. K. Lubega	..	Medical Officer (E.A.)	..	1- 6-56
Dr. K. Samba	..	Medical Officer (Uganda)	..	1- 7-56
Dr. E. Lubulwa	..	Medical Officer (Uganda)	..	1- 7-56
Dr. J. B. Nfamba	..	Medical Officer (Uganda)	..	1- 9-56
Dr. G. C. M. Kityo	..	Medical Officer (Uganda)	..	16- 1-56
Dr. S. K. N. F. Nsibiswa	..	Medical Officer (Uganda)	..	16- 1-56
Dr. J. Bihemaiso	..	Medical Officer (Uganda)	..	1- 7-56
Mr. E. L. K. de L'Harter	..	Dental Surgeon	..	5-11-56
Mr. K. R. Brinton	..	Senior Accountant	..	1- 7-56
Mr. A. R. G. Dias	..	Accountant	..	1-11-56
Miss G. E. Meadows	..	Matron Grade II	..	1-10-56

Appendix IV—continued

Miss H. F. D. Padden-Row ..	Nursing Sister ..	22-12-56
Miss L. E. Murray ..	Nursing Sister ..	1-11-56
Miss S. M. Woodward ..	Nursing Sister ..	24- 7-56
Miss M. Bradley ..	Nursing Sister ..	24- 7-56
Miss K. J. D. Shouksmith ..	Nursing Sister ..	4- 3-56
Miss D. Hamm ..	Nursing Sister ..	3- 5-56
Miss M. L. Leavesley ..	Nursing Sister ..	26- 2-56
Miss G. M. H. Marshall ..	Nursing Sister ..	9- 2-56
Miss M. A. Martin ..	Nursing Sister ..	8- 2-56
Miss F. M. Hodgson ..	Nursing Sister ..	8- 2-56
Miss A. L. Bingham ..	Nursing Sister ..	29- 1-56
Miss F. Coutinha ..	Asian Nursing Sister ..	11- 1-56
Mr. K. A. Dunford ..	Male Mental Nurse ..	2- 5-56
Mr. W. R. H. James ..	Male Tutor ..	2- 1-56
Miss J. E. W. Foster ..	Pharmacist ..	26- 9-56
Mr. G. E. Goram ..	Health Inspector ..	3- 7-56
Mr. L. Lewis ..	Health Inspector ..	15- 2-56
Mr. L. C. G. Vidler ..	Assistant Hospital Superintendent	1- 2-56
Mr. D. N. Harland ..	Laboratory Technician ..	2- 1-56
Miss M. Elliot ..	Personal Secretary Grade II ..	8-12-56
Miss I. Gray ..	Personal Secretary Grade II ..	20-11-56
Miss D. E. Long ..	Personal Secretary Grade II ..	9- 9-56

SENIOR STAFF

<i>Director</i> ..	..	E. A. Trim, O.B.E., M.D., M.R.C.S., D.T.M.&H.
<i>Deputy Director</i> ..	..	J. K. Hunter, O.B.E., M.B., D.T.M.&H., D.P.H.
<i>Assistant Directors</i> ..	..	E. M. Clark, M.R.C.S., D.T.M.&H.
	..	D. G. Snell, M.B., M.R.C.S., D.P.H., D.T.M.&H.
<i>Senior Specialists</i> ..	..	A. A. Alderdice, M.B., M.R.C.P.
	..	H. C. Trowell, O.B.E., M.D., F.R.C.P.
	..	P. W. Hutton, M.D., M.R.C.P., D.T.M.&H.
<i>Specialists:—</i>		
<i>Physician</i> ..	..	J. M. Vaizey, B.A., M.D., M.R.C.P., D.T.M.&H.
<i>Surgeons</i> ..	..	I. W. McAdam, M.B., F.R.C.S.
	..	D. P. Burkitt, M.D., F.R.C.S.
<i>Ophthalmologist</i> ..	..	D. W. Ellis Jones, M.B., D.T.M.&H., D.O.R.C.S., R.C.P.
<i>Radiologist</i> ..	..	<i>Vacant.</i>
<i>Alienist</i> ..	..	G. I. Tewfik, M.D., D.P.M.
<i>Anaesthetist</i> ..	..	H. R. Hudd, B.Sc., M.B., M.R.C.S., D.A.
<i>Leprologist</i> ..	..	J. A. K. Brown, B.Sc., M.D., M.R.C.S., D.T.M.&H.
<i>Gynaecologist</i> ..	..	H. N. Mansfield, M.D., M.R.C.S., M.R.C.O.G.
<i>Senior Medical Officers</i> ..	..	W. Barnetson, M.B., D.T.M.&H.
	..	A. F. Fowler, M.R.C.S., D.P.H., D.T.M.&H.
	..	A. R. Duff, M.B., D.T.M.&H., D.P.H.
	..	J. L. Lanceley, M.D., M.R.C.S., D.T.M.&H.
	..	J. K. T. Cherry, M.D., D.P.H.
	..	G. G. Murphy, B.A., B.Ph., M.B., D.P.H., B.D.
	..	J. N. Twohig, M.B., D.P.H.
	..	B. E. C. Hopwood, M.R.C.S., D.P.H., D.I.H.
<i>Senior Pathologist</i> ..	..	S. C. Buck, M.A., M.B., M.R.C.P.
<i>Senior Entomologist</i> ..	..	G. R. Barnley, M.B.E., M.Sc.
<i>Matron-in-Chief</i> ..	..	Miss M. O. C. Bonthron, S.R.N., S.C.M., R.F.N., Diploma in Nursing.
<i>Chief Pharmacist</i> ..	..	J. C. Baird, M.P.S.
<i>Chief Health Inspector</i> ..	..	V. A. Bunge, M.R.S.H.
<i>Administrative Secretary</i> ..	..	E. J. Kennard.

ESTABLISHMENT, 1956

Sanctioned Establishment and Vacancies

ADMINISTRATION

1 Director of Medical Services.	6 Section Officers and Accounts Officers.
1 Deputy Director.	7 Office Assistants.
2 Assistant Directors.	7 Accounts Assistants.
9 Senior Medical Officers (1 <i>vacancy</i>).	1 Statistical Assistant.
1 Administrative Secretary.	
1 Establishment Officer.	
1 Assistant Establishment Officer.	
1 Senior Accountant.	
2 Accountants.	
10 Personal Secretaries.	

GENERAL

3 Senior Specialists.	1 Welfare Worker.
2 Specialist Physicians.	1 Medico-Social Worker.
2 Specialist Surgeons.	10 Housekeepers.
1 Specialist Gynaecologist.	2 Instrument Mechanics.
1 Specialist Anaesthetist	10 Clerks C6-5 (Shadow) and E2-1.
1 Specialist Leprologist.	15 Clerks E4-3 and E6-5.
124 Medical Officers, Medical Officers (E.A.) Medical Officers (Uganda) and Assistant Surgeons.	16 Clerks contract plus temporary.
1 Senior Hospital Superintendent.	11 Hospital Cooks (9 <i>vacancies</i>).
3 Hospital Superintendents (1 <i>vacancy</i>).	75 Clerical Assistants.
14 Assistant Hospital Superintendents (5 <i>vacancies</i>).	4 Artisans.
1 Nutritionist.	1 Mechanic (Lift Attendant) (<i>vacant</i>).
	1 Sub-Overseer.
	41 Clinical Writers.

NURSING

1 Matron-in-Chief.	290 Medical Assistants (39 <i>vacancies</i>).
4 Matrons, Grade I.	162 Senior Nursing Orderlies.
4 Matrons, Grade II.	567 Dressers.
1 Senior Sister Tutor.	394 Ward Maids.
7 Sister Tutors (2 <i>vacancies</i>).	
87 Nursing Sisters (14 <i>vacancies</i>).	
10 Asian Nurses and Midwives.	
381 Nurses and Midwives (filled by 138 Midwives, 146 Nurses and 52 Nurse/Midwives).	

LABORATORY AND ENTOMOLOGICAL

1 Senior Pathologist.	1 Laboratory Technician.
3 Pathologists.	57 Laboratory Assistants (5 <i>vacancies</i>).
2 Government Chemists (1 <i>vacancy</i>).	6 Entomological Orderlies (3 <i>vacancies</i>).
3 Senior Entomologists and Entomo- logists (1 <i>vacancy</i>).	31 Laboratory Orderlies.
4 Laboratory Technicians.	7 Entomological Observers.
1 Assistant Bacteriologist.	1 Chemical Assistant.
2 Field Officers (1 <i>vacancy</i>).	
1 Physiological Laboratory Superin- tendent (seconded for duty at Makerere College).	
1 Biochemist.	

Appendix V—continued

PHARMACEUTICAL

1 Chief Pharmacist	4 Assistant Storekeepers.
5 Pharmacists (1 <i>vacancy</i>).	51 Dispensers (5 <i>vacancies</i>).
1 Senior Storekeeper.	21 Assistant Medical Storekeepers
2 Storekeepers.	(11 <i>vacancies</i>).
1 Inspector of Drugs.	

RADIOLOGICAL

1 Specialist Radiologist.	7 Assistant Radiographers (4 <i>vacancies</i>).
6 Radiographers (2 <i>vacancies</i>).	
1 Receptionist-Secretary (<i>vacant</i>).	

HYGIENE

1 Chief Health Inspector.	127 Health Inspectors (E.A.) (19 <i>vacancies</i>).
23 Senior Health Inspectors and Health Inspectors (5 <i>vacancies</i>).	111 Hygiene Orderlies.
1 Instructor of Hygiene and Sanitation.	126 Health Orderlies.
1 Assistant Instructor of Hygiene.	

DENTAL

7 Dental Surgeons (1 <i>vacancy</i>).	4 Dental Orderlies.
3 Dental Mechanics.	

MENTAL HOSPITAL

1 Specialist (Alienist).	40 Male Attendants.
1 Superintendent.	24 Female Attendants.
7 Male Nurses (3 <i>vacancies</i>).	128 Male Mental Orderlies.
1 Sister-in-Charge.	68 Female Mental Orderlies.
2 Female Nurses.	

TRANSPORT

1 Mechanic.	2 Drivers (General Division).
1 Vehicle Mechanic.	63 Drivers (Employees Division)
	(5 <i>vacancies</i>).

TRAINING SCHOOLS

1 Instructor of Hygiene	} Included above
1 Assistant Instructor of Hygiene	
4 Medical Officers	
1 Senior Sister Tutor.	
7 Sister Tutors.	
461 Learners.	

N.B.—All vacancies for European staff are counted at the end of the year. Other grades are counted during the year.

PATIENTS ATTENDING GOVERNMENT HOSPITALS
OUT-PATIENTS, 1956

List No.	Diseases	AFRICAN			ASIAN	EURO- PEAN	TOTAL
		Male	Female	Total	Male & female	Male & female	
1.	Tuberculosis of the res- piratory system ..	805	344	1,149	1	1	1,151
2.	Other tuberculous diseases	63	25	88	3	3	94
3.	Syphilis	10,205	6,684	16,889	1	1	16,891
4.	Gonorrhoea	17,275	7,157	24,432	3	2	24,437
5.	Other venereal diseases ..	4,366	2,121	6,487	4	1	6,492
6.	Fevers not otherwise specified	7,155	4,050	11,205	339	199	11,743
7.	Bacillary dysentery ..	2,234	1,213	3,447	128	64	3,639
8.	Amoebic dysentery ..	388	237	625	73	38	736
9.	Diphtheria	1	—	1	—	—	1
10.	Whooping cough ..	2,840	2,173	5,013	34	6	5,053
11.	Meningitis (except tuber- culous)	5	7	12	—	—	12
12.	Plague	—	—	—	—	—	—
13.	Leprosy	849	742	1,591	—	—	1,591
14.	Tetanus	2	2	4	—	—	4
15.	Anthrax	1	—	1	—	—	1
16.	Acute poliomyelitis ..	16	8	24	2	1	27
17.	Smallpox—						
	(a) Variola major ..	2	1	3	—	—	3
	(b) Variola minor ..	13	1	14	—	—	14
18.	Measles	1,100	624	1,724	92	12	1,828
19.	Mumps	348	132	480	26	6	512
20.	Malaria—						
	(a) Benign tertian (vivax)	78	38	116	4	—	120
	(b) Quartan (Malaria) ..	115	77	192	2	1	195
	(c) Malignant tertian (falciparum) ..	15,572	10,534	26,106	816	74	26,996
	(d) Other unspecified malaria ..	50,193	32,382	82,575	1,475	118	84,168
21.	Blackwater fever ..	—	—	—	4	—	4
22.	Schistosomiasis—						
	(a) Vesical	176	146	322	—	1	323
	(b) Intestinal	913	720	1,633	—	—	1,633
23.	Onchocerciasis	240	226	466	—	6	472
24.	Ankylostomiasis	6,172	4,706	10,878	70	—	10,948
25.	Guinea worm	127	63	190	—	1	191
26.	Other helminthic diseases	6,191	4,074	10,265	57	33	10,355
27.	Relapsing fever	3	—	3	—	—	3
28.	Yaws	6,980	3,789	10,769	5	—	10,774
29.	Chicken pox	870	604	1,474	41	34	1,549
30.	Trachoma	3,460	2,969	6,429	201	7	6,637
31.	Other diseases of eye and annexa (except Ophthal- mia neonatorum) ..	19,109	12,029	31,138	503	276	31,917
32.	Trypanosomiasis—						
	(a) T. gambiense ..	—	—	—	—	—	—
	(b) T. rhodesiense ..	—	—	—	—	—	—
	(c) Unspecified ..	1	—	1	—	—	1
33.	Tinea	1,024	589	1,613	50	59	1,722
34.	Scabies	5,684	3,489	9,173	26	2	9,201
35.	Cancer and other tumours—						
	(a) Malignant including leukaemia ..	69	38	107	1	1	109
	(b) Benign and unspecified	83	271	354	20	26	400
36.	Asthma	649	193	842	369	33	1,244

Appendix VI (A)—continued

List No.	Diseases	AFRICAN			ASIAN	EURO-PEAN	TOTAL
		Male	Female	Total	Male & female	Male & female	
37.	Diabetes	22	10	32	32	7	71
38.	Vitamin deficiency states ..	584	415	999	47	2	1,048
39.	Diseases of blood and blood forming organs ..	1,114	1,605	2,719	170	49	2,938
40.	Cerebral vascular lesions ..	1	—	1	2	—	3
41.	Mental disorders ..	122	33	155	16	14	185
42.	Epilepsy	84	35	119	10	3	132
43.	Other diseases of nervous system	2,071	1,160	3,231	218	164	3,613
44.	Disease inflammatory of ear and mastoid sinus ..	7,019	4,811	11,830	144	255	12,229
45.	Diseases of the circulatory system						
	(a) Heart disease ..	730	492	1,222	30	44	1,296
	(b) Other circulatory diseases ..	222	119	341	39	51	431
46.	Pneumonia—						
	(a) Lobar pneumonia ..	1,697	1,107	2,804	29	4	2,837
	(b) Bronchopneumonia	605	480	1,085	140	3	1,228
47.	Other diseases of respiratory system	57,045	32,345	89,390	2,791	1,165	93,346
48.	Diseases of teeth and gums—						
	(a) Caries	8,836	5,381	14,217	873	3,341	18,431
	(b) Other conditions ..	6,945	4,176	11,121	961	2,618	14,700
49.	Appendicitis	2	1	3	12	13	28
50.	Intestinal obstruction and hernia	2,353	590	2,943	8	13	2,964
51.	Gastro-enteritis (over 4 weeks old)	3,400	2,463	5,863	305	325	6,493
52.	Cirrhosis of the liver ..	49	26	75	3	1	79
53.	Other diseases of the bile passages	398	399	797	39	18	854
54.	Other diseases of digestive system	36,811	27,134	63,945	669	428	65,042
55.	Nephritis	60	32	92	6	—	98
56.	Hydrocele	490	—	490	2	1	493
57.	Other diseases of genito-urinary system ..	2,008	4,091	6,099	134	349	6,582
58.	Diseases of pregnancy, child birth, and the puerperal state	—	33	35	16	3	54
	(a) Abortion	—	615	615	32	16	663
	(b) Toxaemias of pregnancy ..	—	57	57	30	2	89
	(c) Other conditions ..	—	1,545	1,545	101	76	1,722
59.	Arthritis and rheumatism	11,621	6,082	17,703	186	60	17,949
60.	Chronic ulcer of leg ..	20,084	8,566	28,650	47	6	28,703
61.	(a) Other diseases of skin	18,168	10,552	28,720	611	761	30,092
	(b) Other diseases of musculo-skeletal system	9,417	4,107	13,524	255	382	14,161
62.	Congenital malformations and diseases of early infancy	5	3	8	—	—	8
	(a) Diarrhoea of new-born	1,606	1,028	2,634	177	—	2,811
	(b) Ophthalmia neonatorum	4	7	11	1	—	12
	(c) Immaturity	34	21	55	—	1	56
	(d) All other malformations and diseases of early infancy ..	261	158	419	12	7	438

List No.	Diseases	AFRICAN			ASIAN	EURO- PEAN	TOTAL
		Male	Female	Total	Male & female	Male & female	
63.	Fractures and dislocations, except where classifiable under item (64) ..	2,584	745	3,329	73	84	3,486
64.	Injuries by animals or insects	2,142	1,252	3,394	52	157	3,603
65.	Other wounds and super- ficial injuries (excluding burns) ..	44,221	13,532	57,753	782	287	58,822
66.	Effects of foreign bodies ..	1,731	1,044	2,775	34	47	2,856
67.	Burns and scalds ..	3,807	2,363	6,170	211	25	6,406
68.	Poisoning ..	63	30	93	6	12	111
69.	All other injuries from external causes ..	13,537	5,358	18,895	453	122	19,470
70.	(a) Ill-defined conditions	19,897	14,158	34,055	258	476	34,789
	(b) Examinations and pro- phylactic injections	70,043	60,176	130,219	6,920	2,380	139,519
	GRAND TOTAL ..	517,272	320,795	838,067	21,287	14,778	874,132
	Officials ..	12,425	414	12,839	6,100	9,938	28,877
	Non-Officials ..	504,847	320,381	825,228	15,187	4,840	845,255
	Reattendances ..	521,397	316,177	837,574	8,554	6,576	852,704
	TOTAL ATTENDANCES ..	1,038,669	636,972	1,675,641	29,841	21,354	1,726,836

IN-PATIENTS AT GOVERNMENT HOSPITALS, 1956

		AFRICAN			ASIAN		EUROPEAN		TOTAL	DEATHS
		Male	Female	Total	Deaths	Male and Female	Deaths	Male and Female		
A	1	492	226	718	83	16	4	3	737	87
A	2	14	12	26	8	2	1	—	28	9
A	3	25	5	30	2	1	1	—	31	3
A	4	99	29	128	7	2	—	—	130	7
A	5	45	28	73	12	2	—	1	76	12
A	6	21	25	46	4	—	—	1	47	4
A	7	64	55	119	—	—	—	—	119	—
A	8	4	—	4	—	1	—	—	5	—
A	9	14	2	16	5	1	—	—	17	5
A	10	83	60	143	3	—	—	2	145	3
A	11	607	373	980	14	2	—	—	982	14
	(a) Genito-urinary	66	26	92	—	—	—	—	92	—
	(b) Ophthalmic	131	64	195	4	1	—	—	196	4
	(c) Other forms	518	229	747	76	10	—	5	762	76
A	12	4	6	10	—	—	—	4	14	—
A	13	—	—	—	—	—	—	—	—	—
A	14	6	7	13	—	1	—	3	17	—
A	15	531	309	840	21	3	—	16	859	21
A	16	196	100	296	5	3	—	14	313	5
	(a) Amoebiasis (excluding symptomless cyst carriers)	124	67	191	6	3	—	10	204	6
	(b) Other unspecified forms of dysentery	—	1	1	—	1	—	—	2	—
A	17	13	10	23	1	3	—	5	31	1
A	18	—	2	2	—	—	—	—	2	—
A	19	25	5	30	12	2	1	1	33	13
A	20									

Appendix VI (B)—continued

	AFRICAN				ASIAN		EUROPEAN		TOTAL	DEATHS
	Male	Female	Total	Deaths	Male and Female	Deaths	Male and Female	Deaths		
A 21	5	5	10	—	—	—	—	—	10	—
A 22	157	258	415	10	2	1	—	—	417	11
A 23	68	36	104	32	—	—	—	—	104	32
A 24	—	—	—	—	—	—	—	—	—	—
A 25	58	24	82	8	—	—	—	—	82	8
A 26	62	34	96	52	2	—	1	—	99	52
A 27	7	7	14	2	—	—	—	—	14	2
A 28	22	12	34	2	—	—	3	1	37	3
A 29	13	2	15	3	—	—	—	—	15	3
A 30	14	8	22	—	—	—	—	—	22	—
∞ A 31	7	—	7	—	—	—	—	—	7	—
	18	7	25	—	—	—	—	—	25	—
A 32	171	193	364	3	3	1	3	—	370	4
A 33	—	—	—	—	—	—	—	—	—	—
A 34	104	53	157	15	3	—	20	—	180	15
A 35	—	—	—	—	—	—	—	—	—	—
A 36	6	—	6	—	—	—	1	—	7	—
	25	7	32	—	—	—	—	—	32	—
	4	1	5	—	—	—	15	—	20	—
	31	8	39	—	3	—	7	—	49	—
	—	—	—	—	—	—	1	—	1	—
A 37	40	46	86	—	1	—	2	—	89	—
	92	59	151	4	4	—	13	—	168	4
	2,155	1,795	3,950	126	20	—	31	—	4,001	126
	1,786	1,422	3,208	71	38	—	30	—	3,276	71
A 38	13	4	17	2	1	—	—	—	18	2
	56	9	65	—	—	—	1	—	66	—
	102	104	206	1	—	—	1	—	207	1

		AFRICAN			ASIAN		EUROPEAN		TOTAL	DEATHS
		Male	Female	Total	Deaths	Male and Female	Deaths	Male and Female		
A 39	Hydatid disease ..	1	1	2	—	—	—	—	2	—
A 40	Onchocerciasis ..	146	34	180	3	2	—	7	189	3
	(b) Loiasis ..	2	1	3	—	—	—	—	3	—
	(c) Filariasis (bancrofti) ..	7	—	7	—	—	—	—	7	—
	(d) Other filariasis ..	50	35	85	—	—	—	—	85	—
A 41	Ankylostomiasis ..	575	614	1,189	22	—	—	—	1,189	22
A 42	(a) Tapeworm ..	92	68	160	—	—	—	8	168	—
	(b) Ascaris ..	118	145	263	2	—	—	—	263	2
	(c) Guinea worm... ..	24	12	36	—	—	—	—	36	—
	(d) Other helminths ..	35	18	53	—	—	—	—	53	—
A 43	(a) Lymphogranuloma venereum ..	43	89	132	3	—	—	1	133	3
	(b) Granuloma inguinale, venereal ..	17	9	26	—	—	—	1	27	—
	(c) Other unspecified venereal diseases ..	49	25	74	—	—	—	—	74	—
	(d) Food poisoning infection and intoxication (excluding Salmonella infections) ..	24	10	34	1	13	—	1	48	1
	(e) Relapsing fever ..	18	6	24	—	1	—	—	25	—
	(f) Leptospirosis (Weil's disease) ..	1	—	1	—	—	—	—	1	—
	(g) Yaws ..	71	35	106	—	—	—	—	106	—
	(h) Chickenpox ..	197	80	277	—	—	—	1	278	—
	(i) Dengue ..	1	1	2	—	—	—	—	2	—
	(j) Trachoma ..	467	885	1,352	—	1	—	—	1,353	—
	(k) Sandfly fever ..	—	—	—	—	—	—	—	—	—
	(l) Leishmaniasis ..	3	5	8	—	—	—	—	8	—
	(m) Trypanosomiasis— (i) T. gambiense ..	31	10	41	3	—	—	—	41	3
	(ii) T. rhodesiense ..	9	—	9	—	—	—	—	9	—
	(iii) Unspecified ..	10	1	11	3	—	—	—	11	3
	(n) Tinea ..	6	2	8	—	—	—	—	8	—
	(o) Scabies ..	46	28	74	—	1	—	—	75	—
	(p) All other parasitic diseases ..	34	13	47	2	1	—	—	48	2

	AFRICAN				ASIAN		EUROPEAN		TOTAL	DEATHS
	Male	Female	Total	Deaths	Male and Female	Deaths	Male and Female	Deaths		
Malignant neoplasm of—										
44 A buccal cavity and pharynx	11	11	22	2	1	—	—	—	23	2
45 A oesophagus	9	3	12	2	—	—	1	—	13	2
46 A stomach	17	8	25	5	—	—	3	2	28	7
47 A intestine, except rectum	5	3	8	—	—	—	1	—	9	—
48 A rectum	16	13	29	6	1	—	—	—	30	6
49 A larynx	4	—	4	—	—	—	—	—	4	—
50 A trachea, and of bronchus and lung not specified as secondary	4	—	4	1	2	1	1	—	7	2
51 A breast	4	33	37	1	4	—	2	—	43	1
52 A cervix uteri	—	50	50	5	1	—	1	1	52	6
53 A other and unspecified parts of uterus	—	47	47	2	1	1	2	—	50	3
54 A Malignant neoplasm of										
(a) prostate	31	—	31	3	—	—	—	—	31	3
(b) penis	76	—	76	2	—	—	—	—	76	2
55 A skin	42	24	66	3	—	—	2	—	68	3
56 A bone and connective tissue	38	25	63	4	1	1	—	—	64	5
57 A other unspecified sites	143	55	198	41	8	—	1	—	207	41
58 A Leukaemia and aleukaemia	15	15	30	7	3	—	—	—	33	7
59 A Neoplasms of lymphatic and haematopoietic system	53	9	62	9	1	—	1	—	64	9
60 A Benign and unspecified neoplasms	141	663	804	12	6	—	8	—	818	12
61 A Nontoxic goitre	9	10	19	—	—	—	4	—	23	—
62 A Thyrotoxicosis with or without goitre	2	2	4	—	1	—	—	—	5	—
63 A Diabetes mellitus	85	24	109	15	33	2	13	1	155	18
64 A (a) Beriberi	4	2	6	2	—	—	—	—	6	2
(b) Pellagra	8	15	23	3	—	—	—	—	23	3
(c) Scurvy	21	16	37	4	—	—	—	—	37	4
(d) Kwashiorkor	378	314	692	80	—	—	—	—	692	80
(e) Other deficiency states	95	88	183	11	2	1	3	—	188	12

	AFRICAN				ASIAN		EUROPEAN		TOTAL	DEATHS
	Male	Female	Total	Deaths	Male and Female	Deaths	Male and Female	Deaths		
A 65	8	11	19	1	1	—	—	—	20	1
(a) Hyperchromic anaemias	220	285	505	25	2	—	—	—	507	25
(b) Hypochromic anaemias	161	233	394	46	10	2	3	—	407	48
(c) Other unspecified anaemias	193	85	278	5	32	1	15	1	325	7
A 66										
(a) Asthma	177	118	295	13	7	—	5	—	307	13
(b) All other allergic disorders endocrine, metabolic and blood diseases	458	219	677	—	30	—	4	—	711	—
A 67										
Psychoses	74	56	130	2	6	—	16	—	152	2
A 68										
Psychoneuroses and disorders of personality	39	17	56	2	1	—	—	—	57	2
A 69										
Mental deficiency	48	30	78	10	8	5	3	—	89	15
A 70										
Vascular lesions affecting central nervous system	150	120	270	102	4	1	1	—	275	103
A 71										
Meningitis (except meningococcal and tuberculous)	—	—	—	—	—	—	—	—	—	—
A 72										
Disseminated sclerosis	62	23	85	5	3	—	2	—	90	5
A 73										
Epilepsy	251	176	427	—	9	—	5	—	441	—
A 74										
Inflammatory diseases of eye	35	42	77	—	33	—	—	—	110	—
A 75										
Cataract	33	24	57	1	3	—	2	—	62	1
A 76										
Glaucoma	7	8	15	—	—	—	1	—	16	—
A 77										
(a) Otitis externa	95	67	162	1	1	—	1	—	164	1
(b) Otitis media and mastoiditis	11	6	17	—	—	—	2	—	19	—
(c) Other inflammatory diseases of ear	451	318	769	—	10	—	1	—	780	—
A 78										
(a) All other diseases and conditions of eye	131	60	191	12	18	—	15	—	224	12
(b) All other diseases of the nervous system and sense organs	13	16	29	2	4	—	5	—	38	2
A 79										
Rheumatic fever	32	23	55	7	10	1	1	—	66	8
A 80										
Chronic rheumatic heart disease	15	11	26	4	9	2	3	—	38	6
A 81										
Arteriosclerotic and degenerative heart disease	129	73	202	41	11	3	2	1	215	45
A 82										
(a) Disease of heart or aorta	202	126	328	58	13	2	4	—	345	60
(b) Other diseases of heart	46	20	66	4	15	1	5	—	86	5
A 83										
Hypertension with heart disease	11	5	16	—	10	1	3	—	29	1
A 84										
Hypertension without mention of heart	11	16	27	3	1	—	1	—	29	3
A 85										
Diseases of arteries										

	AFRICAN				ASIAN		EUROPEAN		TOTAL	DEATHS
	Male	Female	Total	Deaths	Male and Female	Deaths	Male and Female	Deaths		
A 86	74	36	110	8	18	—	23	—	151	8
A 87	1,143	830	1,973	24	18	—	37	—	2,028	24
A 88	8	12	20	—	7	—	4	—	31	—
A 89	1,953	948	2,901	124	11	1	2	—	2,914	125
A 90	1,056	1,026	2,082	161	28	1	12	1	2,122	163
A 91										
	318	150	468	16	4	1	3	—	475	17
A 92	569	421	990	10	9	—	7	—	1,006	10
A 93	182	66	248	1	8	—	4	—	260	1
A 94	104	56	160	1	21	—	38	—	219	1
A 95	52	17	69	16	—	—	—	—	69	16
A 96	55	22	77	2	7	—	1	—	85	2
A 97	4	—	4	—	3	—	5	—	12	—
	131	95	226	2	34	—	29	—	289	2
A 98	32	21	53	—	4	—	18	—	75	—
	79	31	110	1	6	—	23	—	139	1
A 99	73	22	95	5	14	—	10	—	119	5
A 100	40	10	50	5	7	—	17	—	74	5
A 101	113	54	167	5	4	2	5	—	176	7
A 102	45	20	65	4	39	2	37	1	141	7
A 103	2,085	555	2,640	168	23	—	17	—	2,680	168
A 104										
	505	435	940	47	19	2	33	—	992	49
	70	61	131	5	9	—	12	—	152	5
A 105	200	83	283	28	4	—	2	—	289	28
A 106						—		—		
A 107	7	10	17	2	3	—	5	—	25	2
A 108	608	459	1,067	60	42	2	37	—	1,146	62
A 109	70	49	119	10	5	—	1	—	125	10
A 110	139	69	208	26	3	—	2	1	213	27
A 111	54	87	141	4	6	—	11	—	158	4
	4	4	8	—	17	—	14	—	39	—

	AFRICAN				ASIAN		EUROPEAN		TOTAL	DEATHS
	Male	Female	Total	Deaths	Male and Female	Deaths	Male and Female	Deaths		
A 112	73	—	73	8	5	—	5	1	83	9
A 113	7	107	114	—	2	—	5	—	121	—
A 114	443	—	443	1	2	—	3	—	448	1
	—	381	381	1	102	—	76	—	559	1
	1,115	1,907	3,022	61	107	1	60	—	3,189	62
A 115	—	206	206	15	1	—	2	—	209	15
A 116	—	75	75	11	24	1	10	—	109	12
A 117	—	439	439	4	16	1	4	—	459	5
A 118	—	1,764	1,764	2	88	—	29	—	1,881	2
A 119	—	202	202	4	3	—	1	—	206	4
A 120	—	3,821	3,821	152	102	1	38	—	3,961	153
	—	8,442	8,442	9	896	—	238	—	9,576	9
A 121	1,274	740	2,014	22	54	1	36	—	2,104	23
A 122	368	118	486	3	2	—	4	—	492	3
A 123	121	51	172	1	7	—	3	—	182	1
A 124	209	73	282	2	3	—	—	—	285	2
A 125	38	9	47	—	1	—	2	—	50	—
A 126	660	317	977	6	4	—	4	—	985	6
	394	318	712	8	21	—	15	—	748	8
A 127	604	335	939	8	7	—	10	—	956	8
	6	3	9	—	1	—	1	—	11	—
A 128	4	2	6	1	—	—	—	—	6	1
A 129	37	15	52	11	5	—	2	1	59	12
A 130	32	34	66	51	1	1	—	—	67	52
A 131	27	20	47	34	—	—	—	—	47	34

Appendix VI (B)—continued

		AFRICAN			ASIAN		EUROPEAN		TOTAL	DEATHS
		Male	Female	Total	Deaths	Male and Female	Deaths	Male and Female		
A 132	(a) Diarrhoea ..	62	56	118	10	3	—	1	122	10
	(b) Ophthalmia ..	19	9	28	—	2	—	—	30	—
	(c) Other infections ..	23	17	40	6	—	—	—	40	6
A 133	Haemolytic disease ..	7	3	10	2	—	—	—	10	2
A 134	Other defined diseases ..	90	61	151	6	3	—	4	158	6
A 135	Ill-defined diseases and immaturity ..	102	144	246	44	4	1	—	250	45
A 136	Senility without mention of psychosis ..	13	17	30	3	—	—	3	33	4
A 137	(a) Pyrexia of unknown origin ..	924	719	1,643	88	20	—	69	1,732	88
	(b) Observation, without need for medical care ..									
	(c) All other ill-defined causes of morbidity ..	1,024	1,562	2,586	24	199	—	68	2,853	24
AN 138	Fracture of skull ..	927	820	1,747	76	111	2	21	1,879	78
AN 139	Fracture of spine and trunk ..	279	31	310	39	38	5	6	354	44
AN 140	Fracture of limbs ..	133	21	154	10	16	1	7	177	11
AN 141	Dislocation without fracture ..	1,270	369	1,639	21	75	1	31	1,745	22
AN 142	Sprains and strains of joints and adjacent muscle ..	174	44	218	—	6	—	1	225	—
AN 143	Head injury (excluding fracture) ..	189	58	247	—	13	—	34	294	—
AN 144	Internal injury of chest, abdomen and pelvis ..	331	66	397	40	20	—	12	429	40
AN 145	Laceration and open wounds ..	135	26	161	30	5	1	1	167	31
AN 146	Superficial injury, contusion and crushing with intact skin surface ..	2,581	582	3,163	31	81	—	23	3,267	31
AN 147	Effects of foreign body entering through orifice ..	865	259	1,124	7	33	—	18	1,175	7
AN 148	Burns and scalds ..	73	43	116	—	5	—	—	121	—
AN 149	Effects of poisons ..	539	416	955	79	24	6	11	990	85
AN 150	All other and unspecified effects of external causes ..	186	168	354	12	17	1	5	376	13
	GRAND TOTAL ..	388	167	555	9	5	—	12	572	9
		39,968	42,166	82,134	2,884	2,973	69	1,640	86,747	2,966

Inter-national List No.	Disease	DEATHS REGISTERED DURING 1956											TOTAL	DEATHS IN HOSPITAL
		Race						Age						
		Sex												
		Euro-pean	Indian	Goan	Arab	Other	0-	1-	5-	15-	45-	65-			M	F
A 1	Tuberculosis of respiratory system	—	2	—	—	—	—	—	—	2	—	1	1	—
A 2	Tuberculosis of meninges and central nervous system ..	—	1	—	—	—	—	1	—	—	—	—	1	—
A 20	Septicaemia and pyaemia ..	—	1	—	—	—	—	—	1	—	—	—	1	1
A 28	Acute poliomyelitis ..	1	1	—	—	—	1	—	1	—	—	1	1	2
A 37 (c)	Falciparum malaria (malignant tertian ..	—	11	—	—	—	3	6	2	—	—	9	2	1
A 37 (d)	Other unspecified malaria ..	—	1	—	—	—	—	—	1	—	—	—	1	—
A 37 (e)	Blackwater fever ..	1	—	—	—	—	—	—	—	—	—	—	1	—
A 43 (p)	All other parasitic diseases ..	—	1	—	—	—	—	—	—	1	—	1	—	1
A 45	Malignant neoplasm of—	—	—	—	—	—	—	—	—	—	—	—	—	—
A 46	Oesophagus ..	2	1	—	—	—	—	—	—	1	—	1	—	3
A 50	Stomach ..	—	1	—	—	—	—	—	—	2	1	2	1	—
A 52	Trachea, and of bronchus and lung not specified as secondary ..	—	1	—	—	—	—	—	—	1	—	1	—	1
A 57	Cervix uteri ..	—	1	—	—	—	—	—	—	1	—	—	1	—
A 63	Other specified sites ..	2	4	1	—	—	—	—	—	5	2	4	3	3
A 64 (c)	Diabetes mellitus ..	1	3	—	—	—	—	1	—	3	—	4	—	1
A 65 (b)	Scurvy ..	—	1	—	—	—	1	—	—	—	—	—	1	—
A 66 (a)	Hyphochromic anaemias ..	—	2	—	—	—	—	—	1	2	—	2	—	1
A 68	Asthma ..	—	6	—	—	—	—	—	—	1	—	4	2	1
A 70	Psychoneuroses and disorders of personality ..	—	1	—	—	—	—	—	—	1	—	—	1	—
A 71	Vascular lesions affecting central nervous system ..	1	6	2	1	—	—	—	—	3	4	5	5	8
A 78 (b)	Meningitis (except meningococcal and tuberculous) ..	—	2	—	—	—	1	—	1	—	—	1	1	—
A 79	All other diseases of the nervous system and sense organs ..	—	1	—	—	—	—	—	—	1	—	1	—	—
A 80	Rheumatic fever ..	—	1	—	—	—	—	—	1	—	—	—	1	—
	Chronic rheumatic heart disease ..	—	2	—	—	—	—	—	—	2	—	—	2	2

Inter-national List No.	Disease	DEATHS REGISTERED DURING 1956											TOTAL	DEATHS IN HOSPITAL		
		Race					Age					Sex				
		Euro- pean	Indian	Goan	Arab	Other	0-	1-	5-	15-	45-	65-			M	F
A 81	Arteriosclerotic and degenerative heart disease	5	32	—	—	2	—	—	—	11	21	7	33	6	7	
A 82	Other diseases of heart	—	6	—	—	—	—	—	—	3	2	—	3	3	1	
A 83	Hypertension with heart disease ..	—	6	—	—	1	—	—	—	—	5	2	6	1	—	
A 84	Hypertension without mention of heart	—	5	—	—	—	—	—	1	—	4	—	3	2	2	
A 87	Acute upper respiratory infections	—	1	—	—	—	—	—	—	—	—	—	1	—	—	
A 89	Lobar pneumonia	—	1	—	—	1	—	—	—	—	2	—	1	1	—	
A 90	Bronchopneumonia	1	14	—	—	—	4	7	—	—	1	2	9	6	3	
A 91	Primary atypical, other and un-specified pneumonia	1	5	—	—	—	2	2	—	—	1	1	2	4	2	
A 93	Bronchitis, chronic and unqualified	—	1	—	—	—	—	—	—	—	—	1	—	1	—	
A 99	Ulcer of stomach	—	1	—	—	—	—	—	—	—	1	—	1	—	—	
A 103	Intestinal obstruction and hernia ..	1	—	—	—	—	1	—	—	—	—	1	1	1	2	
A 104 (a)	Gastro-enteritis and colitis (4 weeks and over)	—	10	—	—	—	6	2	—	—	—	—	4	6	5	
A 105	Cirrhosis of liver	—	—	1	—	—	—	—	—	—	1	—	1	—	1	
A 107	Other diseases of digestive system	—	2	—	—	—	—	—	1	1	—	—	1	1	—	
A 109	Chronic, other and unspecified nephritis	4	4	1	—	—	—	—	2	4	—	3	6	3	7	
A 112	Hyperplasia of prostate	—	1	—	—	—	—	—	—	—	—	1	1	—	—	
A 115	Sepsis of pregnancy, childbirth and the puerperium	—	1	—	—	—	—	—	1	—	—	—	—	1	1	
A 116	Toxaemias of pregnancy and the puerperium	—	1	—	—	—	—	—	1	—	—	—	—	1	—	
A 117	Haemorrhage of pregnancy and childbirth	—	2	—	—	—	—	—	2	—	—	—	—	2	2	
A 120 (a)	Other complications of pregnancy, childbirth and the puerperium ..	1	1	—	—	—	—	—	2	—	—	—	—	2	1	
A 128	Congenital malformations— circulatory system	—	1	—	—	—	—	—	—	—	—	—	1	—	—	

Inter-national List No.	Disease	DEATHS REGISTERED DURING 1956											TOTAL	DEATHS IN HOSPITAL		
		Race						Age							Sex	
		Euro-pean	Indian	Goan	Arab	Other	0—	1—	5—	15—	45—	65—	M		F	
A 129	Congenital malformations— all others	—	2	—	1	—	3	—	—	—	—	2	1	—	3	—
A 130	Birth injuries	—	1	—	—	—	1	—	—	—	—	1	—	—	1	1
A 131	Diseases of newborn (under 4 weeks —asphyxia and atelectasis	1	2	—	—	—	3	—	—	—	—	—	3	—	3	1
A 132 (a)	Diarrhoea	—	4	—	—	—	4	—	—	—	—	2	2	—	4	—
A 134	Other defined diseases	—	2	—	—	—	2	—	—	—	—	1	1	—	2	—
A 135	Ill-defined diseases and immaturity	—	5	—	—	—	5	—	—	—	—	2	3	—	5	2
A 136	Senility without mention of psychosis	—	2	—	—	—	—	—	—	—	2	—	2	—	2	—
A 137	Pyrexia of unknown origin	—	30	—	2	—	3	2	9	8	8	18	14	—	32	6
A 137 (c)	All other ill-defined causes of mor- bidity	—	2	—	—	—	—	—	—	2	—	2	—	—	2	2
AE 138	Motor vehicle accidents	1	8	—	1	—	1	1	5	3	—	7	3	—	10	2
AE 139	Other transport accidents	—	2	—	—	—	—	—	1	1	—	2	—	—	2	—
AE 140	Accidental poisoning	1	—	—	—	—	—	—	1	—	—	1	—	—	1	—
AE 144	Accidents caused by hot substance, corrosive liquid, steam and radia- tion	—	7	—	—	—	1	2	3	—	—	—	7	—	7	5
AE 146	Accidental drowning and submersion	—	11	—	—	—	1	1	—	2	—	5	6	—	11	—
AE 147	All other accidental causes	1	7	1	—	—	—	1	3	3	—	7	4	—	11	5
AE 148	Suicide and self-inflicted injury	1	4	—	—	—	—	—	7	—	—	1	4	—	5	—
AE 149	Homicide and injury purposely inflicted by other persons (not in war)	—	1	—	—	—	—	—	3	1	—	1	—	—	1	1
TOTAL DEATHS FROM INJURIES—		4	40	1	1	2	3	6	—	10	—	24	24	—	48	13
TOTAL DEATHS FROM DISEASES..		22	196	5	5	4	40	23	23	76	35	139	93	—	232	72
TOTAL DEATHS FROM ALL CAUSES		26	236	6	6	6	43	29	46	86	35	163	117	—	280	85

DISPENSARY BEDS

BUGANDA

			General	Maternity	TOTAL
5	{	MUBENDE			
		Kyannasoke	10	12	22
		Kibale	14	11	25
		Kakindu	4	—	4
		Madudu	2	—	2
		Kakumiro	12	11	23
21	{	MENGO			
		Kasangati	10	—	10
		Namulonge	4	—	4
		Mengo Jail	12	—	12
		Kigo Prison	—	—	—
		Buikwe	—	14	14
		Mukono	12	—	12
		Kome Island	1	—	1
		Semuto	12	—	12
		Luwero	—	15	15
		Bowa	—	—	—
		Kalagala	—	—	—
		Nakasongola	5	—	5
		Kiboga	8	12	20
		Tondola	7	—	7
		Mpigi	20	18	38
		Buwama	12	—	12
		Mweera	—	—	—
		Kitalya Prison Farm	8	—	8
		Wakiso	3	—	3
		Buvuma Island	6	—	6
Ntenjeru	8	14	22		
11	{	MASAKA			
		Bukasa	1	—	1
		Kalisizo	25	14	39
		Kakuto	20	10	30
		Kalungu	20	10	30
		Kalangala	7	2	9
		Kyebbe	20	—	20
		Lyantonde	17	—	17
		Rakai	9	—	9
		Sembabule	6	—	6
		Busungwe	1	—	1
		Mutukula	2	—	2
TOTAL OF DISPENSARIES 37		TOTAL OF BEDS ..	298	143	441

WESTERN PROVINCE

				General	Maternity	TOTAL	
10	BUNYORO						
	Bujenje	..	..	—	—	—
	Masindi Port	..	..	—	—	—
	Mutunda	..	..	—	—	—
	Bulisa ..	..	..	4	—	4
	Butiaba	..	..	8	—	8
	Kiryandongo	..	..	8	—	8
	Kabwoya	..	..	2	—	2
	Kikube	..	..	2	—	2
	Kyabigambire	..	..	—	—	—
Kigorobya	..	..	—	—	—
12	TORO						
	Butiti ..	..	..	—	11	11
	Bundibugyo	..	..	5	5	10
	Bwera ..	..	..	5	—	5
	Katwe ..	..	..	4	—	4
	Kisomaro	..	..	6	11	17
	Kyegegwa	..	..	6	—	6
	Kyenjojo	..	..	6	—	6
	Nyabirongo	..	..	5	—	5
	Kijura ..	..	..	5	—	5
	Kasule	..	..	—	—	—
	Kalunge	..	..	4	—	4
Bugoye	..	..	4	—	4	
9	ANKOLE						
	Bushenyi	..	..	19	14	33
	Kabwohe	..	..	15	9	24
	Kinoni..	..	..	18	9	27
	Chitwe	..	..	7	—	7
	Rubale..	..	..	14	—	14
	Ruhoko	..	..	10	10	20
	Rwashamaire	..	..	16	9	25
	Kiruhura	..	..	12	—	12
Rubazi..	..	..	—	—	—
10	KIGEZI						
	Rukungiri	..	..	26	6	32
	Kisizi ..	..	..	22	—	22
	Mpalo ..	..	..	13	—	13
	Bukinda	..	..	26	—	26
	Bufundi	..	..	6	—	6
	Kinkizi	..	..	14	4	18
	Kisoro	..	..	16	—	16
	Katete	..	..	14	—	14
	Rubaya	..	..	16	—	16
	Bugangali	..	..	16	—	16
TOTAL OF DISPENSARIES 41				TOTAL OF BEDS ..	354	88	442

EASTERN PROVINCE
(Including Sub-Dispensaries)

			General	Maternity	TOTAL
9	BUSOGA				
	Bugiri .. ..	.. ..	28	—	28
	Buyende .. ..	.. ..	24	—	24
	Kaliro .. ..	.. ..	30	—	30
	Kamuli .. ..	.. ..	24	—	24
	Kiyunga .. ..	.. ..	24	—	24
	Namwenda .. ..	.. ..	22	10	32
	Namungalwe .. ..	.. ..	23	10	33
	Nsinze .. ..	.. ..	22	12	34
	Bugembe .. ..	.. ..	—	20	20
4	TORORO (Bukedi)				
	Butaleja .. ..	.. ..	30	12	42
	Nagongera .. ..	.. ..	15	—	15
	Masafu .. ..	.. ..	15	17	32
14	TESO				
	Serere .. ..	.. ..	50	12	62
	Kaberamaido .. ..	.. ..	34	4	38
	Katakwi .. ..	.. ..	14	13	27
	Amuria .. ..	.. ..	22	5	27
	Bukedea .. ..	.. ..	30	—	30
	Apapai (Sub-dispensary) ..		1†	—	1
	Mukura (Sub-dispensary) ..		1†	—	1
	Myere (Sub-dispensary) ..		1†	—	1
	Magoro (Sub-dispensary) ..		1†	—	1
	Orungo (Sub-dispensary) ..		1†	—	1
	Tiriri (Sub-dispensary) ..		1†	—	1
	Wera (Sub-dispensary) ..		1†	—	1
	Akum (Nariam) (Sub-dispensary) ..		1†	—	1
	Ajeluk (Sub-dispensary) ..		1†	—	1
13	MBALE (Bugisu)				
	Budadiri .. ..	.. ..	44	20	64
	Bubulo .. ..	.. ..	48	11	59
	Bulucheke .. ..	.. ..	16	9	25
	Muyembe .. ..	.. ..	4	—	4
	Bukwa .. ..	.. ..	4	—	4
	‡Kamuge .. ..	.. ..	46	12	58
	‡Budaka .. ..	.. ..	34	12	46
	Atar (Sub-dispensary) ..		1†	—	1
	Buwalasi (Sub-dispensary) ..		—	—	—
	Busiu (Sub-dispensary) ..		1†	—	1
	Bupoto (Sub-dispensary) ..		2†	—	2
	Nakupa (Sub-dispensary) ..		1†	—	1
	Buluganya (Sub-dispensary) ..		—	—	—
TOTAL OF DISPENSARIES 40		TOTAL OF BEDS ..	640	179	819

† Emergency

‡ In Bukedi District but supervised from Mbale.

Appendix VI (D)—continued

NORTHERN PROVINCE
Including Sub-Dispensaries

			General	Maternity	TOTAL
9	ACHOLI				
	Anaka		—	—	—
	Atanga		7	—	7
	Attiak		8	—	8
	Awach		4	—	4
	Awere		6	—	6
	Madi Opei		6	—	6
	Naam Okora		8	—	8
	Palabek		6	—	6
	Patongo		5	—	5
11	LANGO				
	Aboki		12	—	12
	Aduku		14	—	14
	Agwata		8	—	8
	Alebtong		12	—	12
	Amolitar		8	—	8
	Anyeke		12	—	12
	Bata		8	—	8
	Ibuje		8	—	8
	Orum		8	—	8
	Dokolo		—	—	—
	Teboke		—	—	—
17	WEST NILE				
	Aringa		17	—	17
	Kaboko		12	—	12
	Omugo		12	—	12
	Pakwach		12	—	12
	Rhino Camp		8	—	8
	Ajumani		8	—	8
	Laropi		4	—	4
	Payida		5	—	5
	Warr		1	—	1
	Angal		1	—	1
	Okollo		1	—	1
	Bondo		1	—	1
	Matuma		—	—	—
	Maracha		5	—	5
	Wandi		14	—	14
	Zaipi		4	—	4
	Abongi		4	—	4
7	KARAMOJA				
	Abim (Sub-dispensary) ..		1†	—	1
	Amudat (Sub-dispensary) ..		1†	—	1
	Kaangole (Sub-dispensary) ..		1†	—	1
	Kaabong (Sub-dispensary) ..		1†	—	1
	Karita (Sub-dispensary) ..		1†	—	1
	Kotido (Sub-dispensary) ..		1†	—	1
	Nabilatuk (Sub-dispensary) ..		1†	—	1
TOTAL OF DISPENSARIES 44		TOTAL OF BEDS ..	256	—	256

† Emergency.



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